

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Dennis Andresky/797-1151 by Herb Hyman/797-1016

UPDATED BY: Dennis Andresky

SUBJECT: Resolution/Additional Information/Clarification Added Per Council Request At the March 29, 2006 Council Meeting

AFFECTED DISTRICT: All

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF SUNSHINE AFTER SCHOOL CHILD CARE, INC. TO PROVIDE AFTER SCHOOL DAYCARE PROGRAMS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

REPORT IN BRIEF: The Town solicited competitive sealed proposals to provide after school daycare programs. The proposers were asked to include a rental fee that would be paid to the Town for the use of Pine Island Multi-Purpose Facility for these programs. RFP documents were sent to twenty-nine (29) prospective proposers. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received two (2) proposals. The selection committee unanimously chose Sunshine After School Child Care, Inc. as the firm best qualified to provide these services.

The reason for conducting an RFP for the specified service is as follows:

The Towns contract with the YMCA for after school care at Davie Pine Island Park was in the final year of the allowable extension periods. The contract was due to expire on 6/30/2006. The Towns bid specification committee reviewed the RFP document prepared by the Parks & Recreation Dept. and recommended/required that due to the auditing needed to operate the program as had been done in the past it would be in the Towns best interest to structure the RFP on a facility rental basis. The RFP was prepared and advertised for bid with bidder response as noted above.

The factors considered in the selection of Sunshine After School Child Care, Inc. included:

- Sunshine After School Child Care, Inc. submitted a bid response which met all of the requirements specified in the RFP.
- The YMCA's bid submission did not include the required Minimum Monthly Rental Fee of \$400 and was therefore determined to be non-responsive

A comparison of the bidders pricing page submissions is as follows:

YMCA

Sunshine After School Care, Inc

PARTICIPATION FEES:

After School Program:

Registration Fee	No Fee	\$15
Daily	No Fee Listed	No Fee Listed
Non School Days Only	\$25	No Fee Listed
Weekly	\$40	No Fee Listed
Early Release Days	+\$4/hr	No Extra Charge
School Off Days/ Holidays (daily rate)	\$25	\$35
Monthly Rental: Minimum Monthly Rental Fee of \$400	\$1.00 Non School Day/ \$0.90 After School Day	\$400
Annual Facility Maintenance Fee of \$750 Required	\$750	\$750
Summer Camp	Not Listed	\$150/week

Other pertinent data contained in the bid responses and participant cost per year calculations:

Staff to Student Ratio	1:15 when possible Never exceeds 1:25	Strives to Maintain a ratio of 1:18
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Staff Qualifications	Both vendors provide properly trained staff.
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References	Both vendors provided adequate references.
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Program Times:

After School Program	2 pm to 6 pm	2 pm to 6 pm
Early Release	Noon to 6 pm	Noon to 6 pm
Holidays/Teacher Planning Days	7:30 am to 6 pm	7 am to 6 pm

Financial Assistance	Yes, Greater Discount	Yes
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(For a family of four earning \$27,000/year, the cost of attending the YMCA after school program is \$16/week. The cost to attend the Sunshine After School Child Care Inc. program is

\$27.75/week.) Both vendors indicate that additional assistance is given based on extenuating circumstances.

The cost for one child to attend the Sunshine After School Care, Inc. after school program for a full school year is \$1495.00 or \$8.30/day (\$15 registration fee + \$148/month x 10 months divided by 180 days). If the child attended the program on all of the school off days and holidays the additional cost is \$1085 (31 days x \$35) for a total cost of \$2580/school year.

The cost for one child to attend the YMCA after school program is \$1692/year or \$9.40/day (\$40/week x 39 weeks + (\$4/hr x 5.5 hr x 6 for early release days) divided by 180 days). If the child attended the program on all of the school off day and holidays, the additional cost is \$775 (31 days x \$25) for a total cost of \$2467/school year.

It should be noted that delaying the selection of a vendor beyond the 4/19/06 Town of Davie Council meeting would impact the three week extended summer camp program planned for this coming summer. In the past, the Town has been limited to a one week extended camp due the loss of summer camp personnel as they make preparations for vacations and their return to school or full time employment.

PREVIOUS ACTIONS: Discussed at 3/29/06 Town of Davie Town Council meeting, additional information requested.

CONCURRENCES: The firm of Sunshine After School Child Care, Inc. was unanimously chosen by the selection committee consisting of Bill Underwood, Russell Muniz, Bruce Bernard, Mark Kutney, Dennis Andresky, Bette Gibson, and Herb Hyman.

FISCAL IMPACT:

Has request been budgeted? n/a

If yes, expected cost: to be negotiated

Account Name: n/a

Additional Comments: The selected firm will pay a rental fee to the Town for the use of the Pine Island Park Multi-Purpose Facility.

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Procurement Authorization

Vendor Bid Submissions

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRM OF SUNSHINE AFTER SCHOOL CHILD CARE, INC. TO PROVIDE AFTER SCHOOL DAYCARE PROGRAMS AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AN AGREEMENT FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals for providing after school daycare programs and offering the Town a rental fee for the use of the Pine Island Park Multi-Purpose Facility; and

WHEREAS, the selection committee has selected Sunshine After School Child Care, Inc. as the firm best qualified to provide the required services; and

WHEREAS, it is in the Town's best interest to execute a contract for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Sunshine After School Child Care, Inc. as the firm best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate an agreement for such services and present that contract for approval at a future meeting date. Should no agreement be reached with the highest ranking firm, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0825-341-1142	Proposal to Rent Davie Pine Island Multipurpose Facility for Operation of After School Daycare Programs, Early Release Days, School Days Off, Winter & Spring Breaks, and Extended Summer Camp	Revenue to Town

METHOD OF PROCUREMENT (check the one that applies)

☒ Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source
☐ Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____

Department Head

[Signature]
NO P.O. REQUIRED -
REVENUE TO THE TOWN.

Have Funds been Reserved

Date 11/4/06

Signed _____

Signed _____

Town Administrator

BIDS SUBMITTED

VENDOR	COST
<u>SUNSHINE AFTER SCHOOL CHILD CARE, INC.</u>	<u>RANKED 1ST</u>
<u>* YMCA OF BROWARD COUNTY</u>	<u>NOT RESPONSIVE</u>

* THE TOWN'S RFP DOCUMENT REQUESTED A FLAT RENTAL FEE PER MONTH. THE YMCA'S RESPONSE WAS A FEE PER CHILD ATTENDING. THE REASON THAT THE TOWN WANTED A RENTAL FEE WAS TO ELIMINATE THE NEED TO AUDIT THE VENDOR RELATIVE TO THE HEAD COUNT. IGNORING THE TOWN'S REQUEST AS STATED IN THE RFP, RENDERS THE PROPOSAL FROM YMCA AS NON-RESPONSIVE.

Signed _____

Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
<u>SUNSHINE AFTER SCHOOL CHILD CARE, INC.</u>	<u>\$400/MO. REVENUE TO THE TOWN</u>

**THE TOWN OF DAVIE
REQUEST FOR PROPOSAL BID**

**AFTER SCHOOL DAYCARE PROGRAM
FACILITY RENTAL**

B-06-15

**"Proposal to Rent Davie Pine Island Multipurpose Facility
For Operation of After School Daycare Programs"**

SUNSHINE AFTER SCHOOL CHILD CARE, INC

7901 SW 36th Street, suite 200

Davie, Florida 33328

Phone: (954) 236-8850

FAX: (954) 236-8881

Contact Persons:

Janice Doughty, President/CEO

Phone: (954) 295-2267

E-MAIL: janicedoughty@sunshinefl.com

Colleen Gulla-Arendt, Executive Director

Phone: (954) 295-4119

E-MAIL: carendt@sunshinefl.com

FEBRUARY 21, 2006

SUNSHINE AFTER SCHOOL CHILD CARE, INC.

TABLE OF CONTENTS

<u>PAGE:</u>	
1	Letter of Introduction
2 -4	Statement of Qualifications and Experience
5 -13	2006 Not-For-Profit Annual Report and Documentation
14 -17	References
18-25	Pricing Page - Cost Rate Schedule –Sliding Scale
26 - 37	Organizational Chart and Job Descriptions
38 - 48	Emergency Plans/Accident Form/Behavior Form
49 - 54	Student Application/Parent Guidelines/Consent Form Discipline Policy/Swim Central Questionnaire
55 -56	Adult Supervision to Children Ratio/Sample After Care Schedule
57-66	Minimum Staff Qualifications/Employment Application/Security Background Check Information/Staff Checklist
67 – 106	Staff Handbook (<i>*See Table of Contents for General Staff Policies – including Drug Free Workplace & Sexual Harassment</i>)
107	After School Daycare Program Hours
108	W-9 Form –Taxpayer Identification Number and Certification
109 - 112	Vendor Bidder Disclosure Form
113 -120	Statement to Comply With All Insurance Requirements
121	Statement to Comply With All Conditions

STATEMENT OF QUALIFICATIONS AND EXPERIENCE

BACKGROUND INFORMATION

Sunshine Child Care is a family owned & operated not-for-profit child care provider that has been providing families throughout Broward County with superior out-of-school-time child care programs since 1992. We are a fully license and insured 501(c) (3) organization that provides after school programs to over 5000 children in Broward County Schools (see enclosed list of schools and references). Sunshine Child Care operates under the policies & directives of the Broward County School Board & meets and/or exceeds the requirements of the Division of Children & Family Services (HRS).

Sunshine Child Care has served school districts throughout the state as a state approved Supplemental Educational Service Provider (NCLB). Sunshine's service mission has been to provide the culturally and economically diverse families of Broward County and the State of Florida with affordable, high quality child care programs that promote the academic, physical, social, and emotional development of school-aged children.

Sunshine Child Care takes great pride in seeking motivated staff members committed to carry out its mission. All administrators are educated professionals possessing at minimum a CDA certification and typically a Bachelors of Arts/Science, Masters of Arts/Science, or Doctoral degrees in education. Sunshine counselors and site-staff are continuously trained in First Aid, Pediatric CPR, child development coursework, and on-going professional staff training. They are required to pass a minimum of 40 hours of training sponsored by the Department of Children and Families. All instructional staff hired to work in our programs are state certified teachers.

Sunshine Child Care has received and maintained exemplary scores for the Quality Standards of Child Care Needs Assessment from the Broward County School Board and The Children's Services Council of Broward County. In addition, we have successfully attained the prestigious "Gold Seal Award" from the Department of Children and Families every year of our operation at all of our sites. Parental input continues to suggest through yearly documented surveys, that Sunshine Child Care programs meets and/or exceeds their need for quality child care for their children.

Sunshine Child Care continuously applies for grant funding to provide low cost programs to elementary and middle school age youth in targeted areas. Sunshine has a solid reputation for providing financial support to needy communities and families through our own Sunshine Family Foundation scholarship program. Consequently, all families who register for our services, and complete the required partial fee waiver process, and are qualified for free/reduced lunch in Broward County, will be eligible to receive an individually assessed pay rate for our various programs calculated on a sliding fee scale.

Sunshine Child Care does not discriminate based on race, religion, gender, national origin, marital status, sexual orientation, physical or mental disability, or political affiliation.

As previously stated, **Sunshine Child Care** has provided superior after school child care programs and summer camp programs to the diverse families of Broward County for the past fourteen years. As a truly results driven agency, we pledge to continue to develop the components of our programs to best meet the needs of the parents and the children in our care.

SUNSHINE QUALIFICATIONS AND EXPERIENCE CONT'D (page 2)

MINIMUM STAFF QUALIFICATIONS

All of our staff meet and/or exceed the educational and professional credentials required by the School Board & Children & Family services licensing departments. Many of our staff are degreed professionals and continuously monitor & supervise our programs at each site. Additionally, Sunshine employs certified teachers to provide additional supervision, leadership, & academic support in our after school care programs. Sunshine strives to maintain a low staff to student ratio (1:18) by hiring group counselors who must meet the following criteria:

- must be a high school graduate
- must be at least 18 yrs old
- must take and pass a drug test
- must be fingerprinted and have a local and national background check
- must have had a recent physical and be in good health
- must enroll in and complete 40 hours of child development coursework
- must participate in on-going professional training development
- must receive training and certification in Pediatric CPR and First Aid

DAILY PROGRAM ACTIVITIES

Sunshine provides carefully planned and supervised daily activities that are age appropriate for each grade level. These enrichment and recreational activities are designed to support the academic, emotional, & social development of the children in our care. We provide quiet assisted homework time, reading enrichment, computer games, & indoor/outdoor recreational activities each day. In addition to our regularly planned activities, we provide specially planned events such as talent shows, hip hop and salsa dance instruction, music, drama, & arts & crafts (See attached sample schedule).

DAILY SNACK

The children in our programs receive a nutritious snack and 100% fruit drink daily as part of our after school care program fees.

STUDENT DISCIPLINE POLICY

Student safety and security is our number one priority! Sunshine feels strongly that a positive, supportive, structured environment promotes good behavior. We follow the guidelines and policies set forth in the School Board of Broward County Student Conduct Code book. Sunshine utilizes positive reinforcement and corrective discipline in guiding the behavior of the children in our care. Our Student Discipline Policy is included in the student registration packet.

AFTER CARE DISMISSAL

The child's parent or guardian MUST enter the building to pick up and sign for their child. They must have a picture ID with them. No child will be released to anyone not authorized in writing by the custodial parent or guardian on file with our program.

SUNSHINE QUALIFICATIONS AND EXPERIENCE CONT'D (page 3)

STUDENT REGISTRATION

There is a \$15 registration fee per student for After School Child Care. Parents may register their child at the after school care desk at any of Sunshine's sites between the hours of 2:00 PM and 6:00 PM on regular school days or come to our corporate office in Davie to register between 9:00 AM and 5:00 PM Monday thru Friday, or Saturday from 9:00 AM to 1:00 PM. Parents must pre-register and pre-pay for their child at least 48 hours before their start date.

PROGRAM FEES & PAYMENTS

After School Care Payment fees are based on the 180 school day calendar divided into 10 lay periods with 18 actual school days in each payment cycle (\$148 - which includes Early Release Day Hours - see attached Fee Schedule).

Payments may be made by cash, check, or credit card (VISA, Master Card, Discover, and American Express).

All fees are based per child and are due by the payment due date or the student will be withdrawn from the program. Students withdrawn from the program must be re-enrolled and will be charged the \$15 registration fee again. Students first and last name and grade level must be clearly written on checks. There is a \$25 fee assessed for any check returned for NSF.

Financial aid is available based on a Sliding Fee Scale and individual need. Eligibility is determined by the information provided by the student's parent or guardian on Sunshine's Financial Assistance Application form. Proof of income must be provided by each applicant (See enclosed Sliding Fee Scale).

SUPPLEMENTAL EDUCATIONAL SERVICES

Sunshine is certified by the Florida Department of Education as a statewide provider of Supplemental Educational Services (SES). Sunshine's SES programs are fully aligned to the Florida Sunshine State Standards and are in full compliance with the No Child Left Behind Act (NCLB). Tutoring programs are customized to meet the individual needs of each child and are free of charge for eligible students.



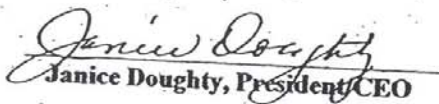
SUNSHINE
child programs

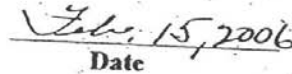
NOT-FOR-PROFIT STATEMENT LETTER

Sunshine After School Child Care, Inc.'s status, as a "Not-For-Profit" charitable organization, remains unchanged.

Please see attached document:
#N99000006920 - 2006 NOT-FOR-PROFIT ANNUAL REPORT

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006920

Entity Name
SUNSHINE AFTER SCHOOL CHILD CARE, INC.



Principal Place of Business

901 SW 36 STREET
SUITE 202
DAVIE, FL 33328 US

Mailing Address

7901 SW 36 STREET
SUITE 202
DAVIE, FL 33328 US



01302006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0978444

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGHTY, JANICE
01 SW 36 STREET
SUITE 202
DAVIE, FL 33328

DO NOT WRITE
IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janice Doughty

President/CEO

Jan. 25, 2006

(NOTE: Registered agent signature required when reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

8. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

PCED	DOUGHTY, JANICE
ADDRESS	7901 SW 36 STREET SUITE 202
ZIP	DAVIE, FL 33328
VPD	DOUGHTY, CRAIG
ADDRESS	7901 SW 36 STREET SUITE 202
ZIP	DAVIE, FL 33328
TD	HOWARD, DOUGHTY
ADDRESS	7901 SW 36ST SUITE 202
ZIP	FORT LAUDERDALE, FL 33328
ADDRESS	
ZIP	
ADDRESS	
ZIP	
ADDRESS	
ZIP	

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information stated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if needed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Doughty
Signature and Typed or Printed Name of Signing Officer or Director

1/25/06 954-236-8850
Date Daytime Phone #

INTERNAL REVENUE SERVICE
P.O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 02 2004

SHINE AFTER SCHOOL CHILD CARE
INC.
101 SW 36TH ST STE 202
DAVIE, FL 33328

Employer Identification Number:
65-0978444

DIN:

17053361715073

Contact Person:

B.J. ANDUJAR

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a) (2)

ID#: 75892

Dear Applicant:

Our letter dated March of 2000, stated you would be exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c) (3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

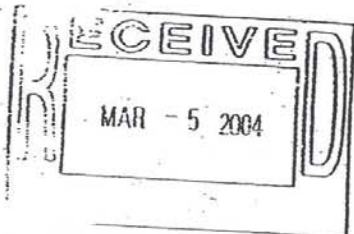
If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements



Letter 1050 (DO/CG)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 13 2000

SUNSHINE AFTER SCHOOL CHILD CARE
INC
6741 ORANGE DR
DAVIE, FL 33312

Employer Identification Number:
65-0978444

DLN:

17053046018040

Contact Person:

MRS T FARR

Contact Telephone Number:
(877) 829-5500

ID# 52404

Accounting Period Ending:
December 31

Foundation Status Classification:
509(a) (1)

Advance Ruling Period Begins:
November 19, 1999

Advance Ruling Period Ends:
December 31, 2003

Addendum Applies:
Yes

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

-2-

SUNSHINE AFTER SCHOOL CHILD CARE

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 47 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

Letter 1045 (EO/CG)

-3-

SUNSHINE AFTER SCHOOL CHILD CARE

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Except Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Letter 1045 (DO/CQ)

03/13/2000 09:57

4109620133

GROUP 7204

PAGE 84

-4-

SUNSHINE AFTER SCHOOL CHILD CARE

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Steven T. Miller
Steven T. Miller
Director, Except Organizations

Enclosure(s):
Addendum
Form 872-C

Letter 1045 (DO/CQ)

-11-

-5-

SUNSHINE AFTER SCHOOL CHILD CARE

This determination is granted with the following caveats:

The officers, directors, trustees or other members of the governing body will not vote on his/her compensation.

This determination does not approve services or other actions with businesses privately owned by governing body or in which the governing body are principals.

As a continuing program, we periodically examine the operations of tax-exempt organizations. The purpose of this program is to determine whether the organizations are operating within the scope of the laws under which they are granted exemption. Therefore, you should keep information that would show that you are operating for section 501(c)(3) purposes. You should also keep records of your income and your disbursements of funds.

Letter 1045 (DO/CG)

03/13/2000 09:57

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PAGE 86

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PAGE 01

Form 872-C

Rev. June 1999

Department of the Treasury
Internal Revenue ServiceConsent Filing Period of Limitation Upon
Assessment of Tax Under Section 4840 of the
Internal Revenue Code

(See instructions on reverse side.)

OMB No. 1545-0048

To be used with
Form 1020, Schedule
B, only.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1020 that the organization named below be treated as a publicly supported organization under section 1700(b)(1)(A)(v) or section 609(d)(2) during an advance ruling period,

Sunshine After School Child Care, Inc.

(Insert legal name of organization as shown in organizing document)

6741 Orange Drive, Davis, FL 33314

(Indicate street, city or town, state, and ZIP code)

District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax imposed under section 4840 of the Code for any of the 6 tax years in the advance ruling period will extend 6 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 90 days.

Ending date of first tax year December 31, 1999

Name of organization (as shown in organizing document)

Sunshine After School Child Care, Inc.

Date

March 13, 2000

Officer or trustee having authority to sign

Signature of Jessie WrightTitle President

For IRS use only

District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)

Signature of Steven S. Miller

Date

3/13/00

By

Signature of Keith Payne (acting mgr)

For Paperwork Reduction Act Notice, see page 1 of the Form 1020 instructions.

OMB No. 1545-0048



SUNSHINE
child programs

REFERENCES

Minimum of three business references –

1. **NAME:** Mrs. Marion Kiar, Principal
 ADDRESS: **Saint David Catholic School**
 3900 S. University Drive
 Davie, FL 33028
 PHONE: (954) 472- 7086

2. **NAME:** Mrs. Jane Coffman, Principal
 ADDRESS: **Bayview Elementary School**
 1175 Middle River Drive
 Fort Lauderdale, FL 33314
 PHONE: (754) 322-5400

3. **NAME:** Mrs. Toni Weisberg, Principal
 ADDRESS: **Coconut Palm Elementary School**
 13601 Monarch Lakes Blvd.
 Miramar, FL 33027
 PHONE: (754) 323-5050

- 4.. **NAME:** Mr. Bob Becker, Principal
 ADDRESS: **Embassy Creek Elementary School**
 10905 SE Lake Blvd.
 Cooper City, FL 33026
 PHONE: (754) 323-5550

**See attached list of our current site locations for After School Care programs. Please feel free to contact any of our schools for a reference.*

School Information

School Location	Principal	School Address	School #	Fax #	ASC #	Mobile #
Apollo Middle	Almee Zekofsky	8800 Arthur St. Hollywood, FL 33024	754-323-2900	754-323-2985		754-224-0248
Attucks Middle	Carletha Shaw	3500 N. 22 Avenue, Hollywood FL 33020	754-323-3000	754-323-3085		954-594-0646
Bayview Elementary	Jane Coffman	1175 Middle River Dr. Ft. Lauderdale, 33304	754-322-5400	754-322-5440	754-322-5443	754-581-2856
Bennett Elementary	Chris Carney	1755 NE 14th Street, Ft. Lauderdale, FL 33304	754-322-5450	754-322-5490	954-396-3631	954-410-2263
Boulevard Heights Elem	Linda Pazos	7201 Johnson Street Hollywood, FL 33024	754-323-4950	754-323-4990	754-323-4993	954-445-1259
Broadview Elementary	Donald Cottrell	1800 SW 62 Avenue, Pompano Beach, FL 33068	754-322-5500	754-322-5540	754-322-5543	754-224-0438
Central Park Elementary	Muriel Knabb	777 N. Nob Hill Road Plantation, FL 33322	754-322-5700	754-322-5740	954-423-0060	754-224-1681
Coconut Palm Elementary	Toni Weisberg	13601 Monarch Lakes Blvd. Miramar, FL 33027	754-323-5050	754-323-5090	754-323-5093	754-581-2971
Coral Cove Elementary	Marilyn Holmes	5100 SW 148 Ave, Miramar FL 33027	754-323-7950	754-323-7990	754-323-7950	754-224-0088
Dania Elementary	Kathleen DiBona	300 SE 2nd Avenue Dania, FL 33004	754-323-5350	754-323-5390	754-323-5393	754-581-3497
Dolphin Bay	Irene Celja	18300 Sheridan St. Pembroke Pine, FL 33331	754-323-8000	754-323-8040		754-264-3276
Embassy Creek Elementary	Robert Becker	10905 SE Lake Blvd. Cooper City, FL 33026	754-323-5550	754-323-5590	754-323-5593	954-410-1608
Endeavour Elementary	Vera Grover	2701 NW 56 Ave, Lauderdale, FL 33313	754-321-6600	754-321-6630	754-321-6600	754-581-3499
Glades Middle	Krista Herrera	201 SW 172 Ave, Pembroke Pines, FL 33027	754-323-4688	754-323-4685	954-324-5529	954-324-5529
Harbordale Elementary	Theresa Buculo	900 SE 15th Street Fort Lauderdale, FL 33316	754-323-6050	754-323-6090	954-525-2105	754-224-6043
Lauderdale Lake Middle	Marlin Reid	3911 NW 30th Ave, Lauderdale Lakes, FL 33309	754-322-3500	754-322-3585	754-322-3518	954-818-1216
Manatee Bay Elementary	Donna McCann	19200 SW 36th St, Weston, FL 33332	754-323-6450	754-323-6490	754-323-6493	754-224-6044
Margate Elementary	Sharon Schmidt	6300 NW 18th Street Margate, FL 33063	754-322-6900	754-322-6940	754-322-6943	754-224-1630
Oakridge Elementary	Alan Gatzke	1507 N. 28th Avenue Hollywood, FL 33020	754-323-6700	754-323-6740		754-224-1642
Olsen Middle	Kim A. Flynn	330 SE 11th Terrace, Dania, FL 33004	754-323-3800	754-323-3885		954-818-1452
Panther Run Elementary	Brenda Hawkes	801 NW 172nd Ave Pembroke Pines, FL 33029	754-323-6850	754-323-6890		954-448-5437
Park Lakes Elementary	Jeannie Floyd	3925 State Road 7, Lauderdale Lakes, FL 33319	754-322-7650	754-322-7690	754-322-7693	954-324-5425
Pembroke Pines Elementary	Danila Duhart	6700 SW 9th Street Pembroke Pines, FL 33023	754-323-7000	754-323-7040	754-323-7043	754-224-0807
Perry Middle	Steven Frazier	3400 Wildcat Way, Miramar, FL 33023	754-323-3900	754-323-3985		954-818-1137
Pines Middle	Carlton Campbell	200 NW Douglas Rd. Pembroke Pines, FL 33024	754-323-4000	754-323-4085		
Royal Palm Elementary	Robin David	1951 NW 56th Avenue Lauderdale, FL 33313	754-322-8350	754-322-8390	754-322-8393	954-448-8496
Saint David Elementary	Marion Kiar	3900 S University Drive Davie, FL 33328	954-472-7086	954-452-8243	954-476-9293	954-324-5424
Sea Castle Elementary	Estrella Eckhardt	9600 Miramar Blvd. Miramar, FL 33025	754-323-7250	754-323-7290	754-323-7293	954-410-6416
Silver Shores Elementary	Angela Iudica	1701 SW 160th Avenue Miramar, FL 33027	754-323-7550	754-323-7590	754-323-7593	754-264-3264
Sunsel Lakes Elementary	Linda McDaniel	18400 SW 25th Street Miramar, FL 33027	754-323-7650	754-323-7690	754-323-7693	754-581-2874
Sawgrass Warehouse	Bob Hull	5030 SW 109 Avenue, Suti #O Sunrise FL 33324	954-578-6098		954-448-5805	



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

EMBASSY CREEK ELEMENTARY
ROBERT D. BECKER, PRINCIPAL
10905 S. E. Lake Boulevard
Cooper City, Florida 33026
TEL: (754) 323-5550
FAX: (754) 323-5590

SCHOOL BOARD

Chair BENJAMIN J. WILLIAMS
Vice Chair BEVERLY A. GALLAGHER

CAROLE L. ANDREWS
ROBIN BARTLEMAN
DARLA L. CARTER
MAUREEN S. DINNEN
STEPHANIE ARMA KRAFT, ESQ.
ROBERT D. PARKS, Ed. D.
MARTY RUBINSTEIN

DR. FRANK TILL
Superintendent of Schools

February 15, 2006

City of Davie
Bid Committee

To Whom It May Concern:

It is with pleasure that I write this letter on behalf of Sunshine Child Care, Inc. Sunshine has been our before and after school child care provider for over four years. During that time they have served our school well.

The staff at Sunshine is kind and caring with the students and maintains a positive relationship with parents and school employees alike. There is a family-like atmosphere that emanates from the highest levels of management within the company. Sunshine is very active in the community and as a Partner in Education assists the school and its stakeholders in any way possible. The support Sunshine provides to our school includes monetary donations made to the school, Sunshine staff members volunteering for school events and working with students to enhance their achievement as well as corporate support for PTA events.

The safety and security of the students is of utmost priority to Sunshine and the staff is vigilant in monitoring this aspect of the program. There is very close scrutiny when children are picked up and they are closely supervised on our campus.

Embassy Creek Elementary has been pleased with the services Sunshine Child Care, Inc. has given the school and we look forward to a long relationship with this child-focused company.

If I may be of further assistance, please do not hesitate to contact me at 754-323-5550.

Sincerely,

Cynthia Johnson
Cynthia Johnson,
Assistant Principal

cc: Robert Becker, Principal

STATEMENT TO COMPLY WITH:

- ❖ Student Registration Sessions
- ❖ Monthly Rental Fees
- ❖ Annual Facility Maintenance Fee
- ❖ Housekeeping and Maintaining Storage Area

Sunshine Child Care will conduct all student registration sessions for all child care programs offered at the Pine Island Multipurpose Facility.

Sunshine Child Care will pay the Town of Davie, the minimum \$400 monthly rental fee (prorated for partial months). Payment will be made to the Town on or before the 15th of each month.

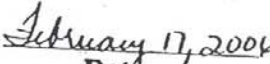
Sunshine Child Care understands the penalty for late payment is \$50 plus interest at the highest rate allowed by law until payment is brought up to date.

Sunshine Child Care will pay the Town of Davie, the Annual Facility Maintenance Fee of \$750 within ten(10) days of start of session.

Sunshine Child Care will assume the responsibility for housekeeping and maintaining the storage area in a clean and sanitary manner.

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

PRICING PAGE

AFTER SCHOOL DAYCARE PROGRAMS, EARLY RELEASE DAYS, SCHOOL DAYS
OFF, WINTER BREAK, SPRING BREAK AND
EXTENDED SUMMER CAMP PROGRAM RENTAL

Location: Davie Pine Island Park Multipurpose Center
Address: 3801 S Pine Island Road
Davie, FL 33328
Capacity: 60 - School year
Capacity: 100 - Summer

Fee Vendor will be charging participants:

Daily (No Daily Rate Offered)

\$ N/A

Weekly (Summer Camp Program only)

\$ 150.00

Monthly (After School Care Program)

\$ 148.00

School off days, Holidays (daily rate)

\$ 35.00

Monthly Rental (Fee will be prorated for partial months)

Minimum Monthly Rental fee of \$400.00

\$ 400.00

Annual Facility Maintenance Fee Payment (payable to the Town);
Maintenance fee is payable within ten (10) days of start of session.

\$ 750.00

BIDDER: Sunshine After School Child Care, Inc.

ADDRESS: 7901 S.W. 36 Street, Suite 200
Davie, Florida 33328

BY:

Janice Doughty
SIGNATURE

Janice Doughty, President/CEO

Please type or print name here

TITLE: President/CEO (owner)

DATE: February 21, 2006

TELEPHONE NUMBER: (954) 295-2267

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: 65-0978444

SUNSHINE AFTER SCHOOL CHILD CARE, INC.
7901 SW 36th Street Suite 200
Davie, Florida 33328
(954) 236-8850 - FAX (954) 236-8881

2006 - 2007 AFTER SCHOOL CHILD CARE FEES
*ALL FEES ARE BASED PER CHILD

**** ELEMENTARY SCHOOL ****

Student Registration: \$15
Each Pay Period: \$148

GENERAL PAYMENT FEE GUIDELINES

- ☐ Students must be pre-registered and paid at least 48 hours before start date.
- ☐ Fees are mandated by The Broward County School Board and are subject to change as determined by the School Board of Broward County.
- ☐ All fees are based per child (There are no multiple child discounts).
- ☐ Yearly Student Registration Fee is \$15.00 per child.
- ☐ Payment Fees are based on a 180 school day calendar divided by 10 pay periods - \$148 each pay period per child. (There are 18 actual school days in each pay period)
- ☐ All payments are due by the payment due date or child will be withdrawn. Students who have been withdrawn from Sunshine After Care will be required to complete a new application and pay an additional \$15.00 registration fee.
- ☐ Students first and last name and grade level must be written on all payment checks.
- ☐ There is a \$25 charge for all returned checks.
- ☐ Fees include extended hours on all Early Release Days.
- ☐ We do offer special programs (7am - 6 pm) on all teacher planning days. There is an additional \$35 charge for these programs.
- ☐ We offer special Winter, Spring, and Summer Camp Programs.
*Watch for program flyers throughout the school year.
- ☐ Payments may be made at the Parent Sign out desk between the hours of 2-6 pm or at our corporate office in Davie during our office hours.
- ☐ We do NOT provide childcare services on any of the non-school day national holidays.

National Holidays - NO CHILD CARE SERVICES PROVIDED

Labor Day
Rosh Hashanah
Yom Kippur
Thanksgiving Holiday
Christmas Eve & Christmas Day
New Year's Eve and New Year's Day
Martin Luther King's Birthday
President's Day
Memorial Day

Corporate Office Hours
9:00 am to 6:00 pm Monday thru Friday - 9:00 am to 1:00 pm on Saturdays

**** SAMPLE PARENT FEE SCHEDULE ****

2006 - 2007 After School Child Care Fee Schedule

**Contingent on Final Determination of School Board Calendar*

Period 1:	August 8 - August 31 = \$148	Payment due 8/1/05
Period 2:	September 1 - September 27 = \$148	Payment due 8/25/05
Period 3:	September 28 - October 27 = \$148	Payment due 9/21/05
Period 4:	October 28 - November 23 = \$148	Payment due 10/20/05
Period 5:	November 28 - January 5 = \$148	Payment due 11/21/05
Period 6:	January 6 - February 1 = \$148	Payment due 12/13/05
Period 7:	February 2 - March 1 = \$148	Payment due 1/26/06
Period 8:	March 2 - March 28 = \$148	Payment due 2/23/06
Period 9:	March 29 - May 1 = \$148	Payment due 3/22/06
Period 10:	May 2 - May 25 = \$148	Payment due 4/25/06

Early Release Days (Included in After Care Fees)

TEACHER PLANNING DAYS

*(*Additional \$35 Fee)*

Winter Camp (*Additional Fee)

Spring Camp (*Additional Fee)

Summer Camp (*Additional Fee)

**Teacher Planning Days and Camp Programs are scheduled from 7:00 am to 6:00 pm.*

SUNSHINE AFTER SCHOOL CHILD CARE INC.
SLIDING FEE SCALE: C.O.D. After School Programs (2006-2007)
 Drafted-February '06

ANNUAL GROSS INCOME - # HOUSEHOLD MEMBERS

After Care-Monthly Rate
 NSD- Daily Rate

	1	2	3	4	5	6	7	8	9	10	11
ASC/NSD	0	0	0	0	0	0	0	0	0	0	0
\$74 / \$18	4,655	6,245	7,835	9,425	11,015	12,605	14,195	15,785	17,375	18,965	20,555
\$74 / \$18	4,656	6,246	7,836	9,426	11,016	12,606	14,196	15,786	17,376	18,966	20,556
\$81 / \$19	6,984	9,369	11,754	14,139	16,524	18,909	21,294	23,679	26,064	28,449	30,834
\$85 / \$20	9,310	12,490	15,670	18,850	22,030	25,210	28,390	31,570	34,750	37,930	41,110
\$89 / \$21	10,863	14,573	18,283	21,993	25,703	29,413	33,123	36,833	40,543	44,253	47,963
\$100 / \$24	12,415	16,665	20,895	25,135	29,375	33,615	37,855	42,095	46,335	50,575	54,815
\$104 / \$25	13,966	18,736	23,506	28,276	33,046	37,816	42,586	47,356	52,126	56,896	61,666
\$107 / \$26	14,509	19,464	24,420	29,375	34,330	39,286	44,241	49,197	54,152	59,107	64,063
\$119 / \$28	15,052	20,192	25,332	30,473	35,614	40,755	45,896	51,037	56,178	61,319	66,459
\$122 / \$29	15,593	20,920	26,246	31,572	36,898	42,224	47,550	52,877	58,203	63,529	68,855
\$126 / \$30	16,136	21,648	27,159	32,671	38,182	43,694	49,206	54,717	60,229	65,740	71,252
\$137 / \$32	16,679	22,376	28,073	33,770	39,467	45,164	50,861	56,558	62,255	67,952	73,649
\$140 / \$33	17,223	23,108	28,990	34,874	40,757	46,640	52,523	58,405	64,288	70,171	76,054
\$144 / \$34	17,923	24,044	30,166	36,287	42,409	48,530	54,652	60,773	66,894	73,015	79,137
	18,620	24,980	31,340	37,700	44,060	50,420	56,780	63,140	69,500	75,860	82,220

* Applicant must provide one of the following for income verification: check stub or tax return.
 ** Financial Assistance Limited to 20% of total program enrollment.

Please provide a copy of your
last Paycheck Stub or Tax
Information from 2005 to
determine your monthly rate.

SUNSHINE AFTER SCHOOL CHILD CARE

AFTER SCHOOL CHILD CARE PARTIAL FEE WAIVER FORM

If your application is denied for failure to submit proper documentation in a timely matter, your child's after school care services will be terminated.

School Location: _____ Date: _____

Child's Name #1: _____ Grade: _____

Child's Name #2: _____ Grade: _____

Parent/Guardian Name: _____ Work #: _____

Address: _____ Home #: _____

City: _____ Zip: _____ Apt/Bldg # _____ Mobile #: _____

Please answer the following questions:

- | | | |
|---|-------|-------|
| 1. Is your child on Free/Reduced meals for the 2004/2005 school year? | Yes | No |
| 2. Is there an adult who can supervise your child after school? | Yes | No |
| 3. Are you currently enrolled in and attending school between the hours of 2:00 pm and 6:00 p.m.? | Yes | No |
| 4. Number of adults in household: | _____ | _____ |
| 5. Number of children in household: | _____ | _____ |
| 6. Number of adults in household employed: | _____ | _____ |

Parent/Guardian Signature _____

Date _____

Office Use Only:

Date Received: _____ Initial: _____ Free/Reduced Verified: Yes No

Approved: _____ Denied: _____ Initial: _____ Date: _____

Payment per period: \$ _____ Scholarship Type: Sunshine Scholarship Fund

Letter of Approval or Denial: _____ Date Mailed: _____ Initial: _____

Reason for Denial: _____ 1) Scholarship Fund at full capacity
_____ 2) Candidate does not meet required criteria

Eligibility Form for TANF-Funded Services

To determine eligibility, complete the information on the front of the backpass as well as the attachment of the information. Identify the information.

Name:	Address:	City:	Zip:
Phone Number:	SSN:	Date of Birth:	

Eligibility Information: Check the following information:

Step 1: ☐ The family receives temporary cash assistance, relative caregiver payments, food stamps, or the children in the family are eligible for Medicaid.

If the above is checked, the family is eligible for TANF-funded services. Go to Section III. If not, check go to Step 2.

Step 2: The family receiving services includes:

- ☐ A parent or relative caring for one or more children under 19 years of age; or,
- ☐ A pregnant woman; or
- ☐ A non-custodial parent of a child under 19 years of age.

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE
NEW YORK 17, N.Y.

Step 3: The TANE-funded seedlings are for the Forest of the Future.

- ☐ TANF-funded services are for the benefit of a family member who is:
☐ A citizen of the United States; or
☐ A non-citizen who meets the TANF-eligible citizen criteria. (For determined non-citizen eligibility, go to the attached sheet entitled "TANF-funded Services non-citizen eligibility" and complete.)

THE HERBOTM APPROVALS CHECKED TO GO TO STEP 4. IF NOT, THE CHECKED STOP. THE FAMILY IS NOT ELIGIBLE FOR ANF. EXPANDED SERVICES. GO TO STEP 3.

Step 4: The sentences below provided are

- services being provided are designed to:
- ☐ 1. Provide services to needy families so that the child or children may be cared for in their own home or the home of relatives.
 - ☐ 2. Promote job preparation, work or marriage.
 - ☐ 3. Prevent or reduce the incidence of out-of-wedlock pregnancies.
 - ☐ 4. Encourage the formation and maintenance of two-parent families.

Number 1014601 checked the family is eligible for TANF-funded services. Go to Section III.

Step 5: ☐ The family income is less than 200% of the federal poverty level (2000 = \$16,000).

Step 5: checked that the value is within the correct range. See the...

Section III: Eligibility Criteria

I certify that the information, provided on this form, is true and correct to the best of my knowledge. If the information changes, I will notify a program staff person of the new information.

Signature of Responsible Family Member

Date signed

THESE ON

based on the information provided in table 1. ☐ eligible or ☐ ineligible.

ame of pr



SUNSHINE
child programs

SUNSHINE AFTER SCHOOL
CHILD CARE PROGRAMS
STAFF ORGANIZATIONAL CHART

Area Coordinator

Site Coordinator/Director

LEAD Counselor/Supervisor

Front Desk/Assistant LEAD

Counselors (1:18)

***NOTE:** Children are grouped by age/grade level. Number of staff is directly dependent on student enrollment numbers.

Sunshine After School Child Care

Area Coordinator Job Description

- **Oversee staff:** (Oversees more than one site)
 - Interact positively and effectively with staff.
 - Coordinate and lead staff in planning & carrying out activities in coordination with program evaluation and scheduling activities for the children.
 - Must oversee and supervise all of the duties of the front desk, lead counselor, and counselors.
 - Oversee all groups and their schedules for each day.
 - Make sure front desk supervisors are doing a daily inventory of the above and calling items into Supply Supervisor as they get low.
 - Supervise personnel and delegate responsibilities to staff.
 - Supervise to make sure the front desk is collecting and maintaining all fees.
 - Serve as a facilitator/communicator between staff, children and parents.
 - Supervise that all money is being counted in storage rooms and two people are present.
 - Oversee the cleanliness of the cafeteria, classrooms, outside area, and storage rooms.
 - Train all new staff.
 - Oversee HRS paperwork, fire drill, and child care hours.
- **Daily Curriculum:**
 - Coordinate all activities related to the program.
 - Develop age appropriate activities.
 - Make sure all activities and field trips run smoothly and effectively.
 - Organize snack time with children and counselors.
 - If need be, you are responsible for the 1:15 meeting.
 - Oversee behavior problems. (communicate with the Area Coordinator at all times.)
- **Safety:**
 - Provide direct supervision of children and staff.
 - Ensure safety and security of children and staff at all times.
 - Ensure adherence to good safety procedures.
 - Monitor and enforce safe procedures for dismissal of all children by authorized family members/guardians only.
 - Monitor all bathrooms

➤ **Parental involvement:**

- Communicate effectively to parents the program policies, field trips, and special events of the program.
- Interact effectively with children and parents/guardians.
- If needed, have conference with parents on any concerns with their child.

➤ **General information:**

- Responsible for storage, disbursement, and inventory of all records.
- Monitor daily attendance.
- Report extended absences to the area coordinator.
- Oversee system for registration, fee collection, responding to emergency situations, dismissal, parent communication, attendance, and parent notification of absentees.
- Monitor the counselor/student ratios. (remember staff hours at the end of the day)
- Conduct frequent head counts of all groups throughout the day.
- Report any necessary complaints or concerns to the area director.
- Fill in at all sites when needed.
- Conduct money collection (money drop) from sites to the Corporate Office

Sunshine After School Child Care

Job Description and Employee Agreement Form

POSITION TITLE: After School Care Coordinator/Liaison

QUALIFICATIONS: Teacher/Assistant Principal (or Principal Designee)

PAY SCALE: \$25.00 hr

HOURS: Monday – Friday *3:00 – 6:00 pm *(Typical Hours)
**Sunshine reserves the right to adjust employment hours/days according to enrollment and our staffing needs.*

- GOALS:**
- I. To serve as the primary liaison of communication between Sunshine management and the after school care staff, the school administration, the teachers and parents.
 - II. To provide leadership and supervision to ensure the safety and security of the students and staff in our after school child care program at the school site.
 - III. To serve as the facilitator of disciplinary action for serious student behavioral concerns, student injury, and parent conferences with our Lead Counselors and Area Coordinators.

ESSENTIAL EMPLOYMENT INFORMATION:

1. Additional payroll hours beyond the 3-6 pm scheduled work hours may not be added into payroll without written permission from Sunshine Management.
2. You are being employed and paid by Sunshine to provide supervision, leadership and support in our after school child care program and are expected to actively work with the students, staff, and parents during your employment hours.
3. You **MUST** wear your School Board Picture Identification Badge during after school care hours employed in our program.
4. Please call Howard, Erin or Anthony to report if you will be out on your scheduled day or need to leave early so that we can provide administrative coverage at your site.

Employee's Signature

Date

*Revised 7/05

Sunshine School Coordinator's
Daily Job Performance Responsibilities

1. Follow all HRS, federal and state laws as well as all School Board policies.
2. Identify and secure the classrooms needed from the administration for use during after school hours in order to implement an effective program.
3. Advise the LEAD counselor of any needed classroom changes.
4. Assist with adjusting schedule and classrooms on rainy days.
5. Ensure the safety and security of the after school care staff and students.
6. Monitor and enforce security procedures with parents for student pick up.
7. Provide daily leadership to the Sunshine staff so that they are able to successfully implement the School Safety and Security Plan in case of an emergency.
8. Conduct monthly fire and safety drills in compliance with HRS and the School Board.
9. Interact effectively and positively with the students, staff and parents.
10. Model positive behavior modification techniques for counselors.
11. Handle all serious student behavior and discipline concerns. Serve as the program designee for parent/child conferences.
12. Students needing to be placed on probation, suspended, or dismissed from our program, **MUST** be **pre-approved** by your Area Coordinator **before** parents are notified.
13. Handle all serious injuries or accidents. Notify our corporate office.
14. Communicate Sunshine policies and any special upcoming events to the school staff and parents.
15. Maintain accuracy and confidentiality of all records.

Initial

➤ **General Information:**

- Responsible for storage, disbursement, and inventory of all records.
- Monitor daily attendance.
- Report extended absences to the Asst. Area Coordinator.
- Monitor the counselor/student ratios. (Remember staff hours at the end of the day)
- Conduct frequent head counts of all groups throughout the day.
- Report any necessary complaints or concerns to the Assistant Area Coordinator
- Fill in at all sites when needed.
- Conduct money collection (money drop) from sites to the Corporate Office.

Sunshine After School Child Care
Job Description and Employee Agreement Form

POSITION TITLE: After School Care Front Desk Staff

QUALIFICATIONS: High School Diploma
Have completed all 40 Hour Child Care Courses

PAY SCALE: Starting pay is \$10.00 / hr. depending on experience

HOURS: Monday – Friday 1:00 – 6:00 p.m.

Goal:

To insure that our After School Child Care program meets the needs of the parents and their children in the safest and most secure manner possible. When the children are picked up, we want them to leave with the correct person, happy and wanting to return to our program the next day.

Essential Performance Responsibilities:

Leadership

- You need to be a role model to all staff and children.

Professionalism

- Dress for Success
- Proper Speech, Attitude, and Body Language.
- There are no personal phone calls during work hours.

Front Desk Organization

- All files are to be put away in the correct place. Confidential and/or office paperwork is to be put away and not laying out on the front desk.
- Money is not to be counted or lying out at the front desk.
- Parent Boards and HRS Boards need to be updated and kept in good condition at all times.
- Parent Sign Out logs are to be kept in order and in a place that is easily accessible for parents to sign out their children.
- Any paperwork given to you needs to be placed in the designated spot immediately.
- NO ONE is permitted past the front desk.
- Anyone picking up a child MUST show proper identification and be on the parent's approved registration list.

Communication

- You must report any incident or accident that can affect Sunshine employees, students, main office, Principals, your school site, and/or parents to the corporate office immediately.
- Chain of Command: Counselor → Front Desk → Site Leader → Site Coordinator → Asst. Area Coordinator → Area Coordinator → Corporate Office.

Payroll

- Making sure all employees are approved to work.
- Employees must work only their scheduled hours, Not before 1:30 p.m. and no later than 6:00 p.m. unless it is a Site Leader or Front Desk Staff.
- Payroll for all employees must be brought into the corporate office daily.
- Any changes in payroll must be reported into the office immediately.
- All approved employees **MUST** sign in and out, or they will not be paid.

Payments

- On the Master Payment Log, you are to record the amount that was received by the parent in the correct space. Do not record the amount that was due, but the amount that was paid.
- Money Envelopes are to be filled out by each parent when a payment is made.
- Before closing money, you must be sure all envelopes add up to the Grand Total.
- Two responsible employees are to sign the Grand Total Sheet at the end of the night.
- Before leaving your site, You **MUST** call in the amount collected for the night, and to let them know that all children have been picked up and you are closing out for the night.

Sick/Injured Children

- When a student is feeling ill, it is the responsibility of the Front Desk to take the child's temperature, fill out the Clinic Log and immediately call the parents.
- Even if a child does not have a fever, the parent is always called.
- When a student is injured, immediate attention should be given and an Accident Report **MUST** be filled out by the counselor right away.
- The parent is to be called immediately even if the accident is minor.
- If it is a serious head injury, call 911 immediately and then the parent!
- Remember: You must always wear gloves and are only allowed to use water and band-aids.

I have read and agree to fulfill the job responsibility as outlined above.

Employee's Signature

Date

Sunshine After School Child Care

Job Description and Employee Agreement Form

POSITION TITLE: After School Care Counselor

QUALIFICATIONS: High School Diploma or Satisfactory Completion of any General Education Development (GED) testing program / 18 years of age

PAY SCALE: Starting Pay \$8.00 hr. depending on experience

HOURS: Monday -- Friday *1:30 -- 5:30 pm *(Typical Hours)
Sunshine reserves the right to adjust employment hours according to enrollment and our staffing needs.

GOALS: I. To provide direct student supervision and leadership to insure that the students in our care are provided with safe and enriching student activities while attending our after school care program.

ESSENTIAL JOB PERFORMANCE RESPONSIBILITIES

- Provide direct supervision of play areas and activities to ensure the safety and security of all children.
- Supervise and/or facilitate activities or areas to provide appropriate experiences for children.
- Set and maintain appropriate standards for the children's behavior using non-punitive methods which teach self-discipline while supporting children's self esteem.
- Assist in procuring equipment and supplies for planned activities.
- Assist with the planning and implementation of arts and crafts.
- Ensure adherence to all safety and security plans and procedures.

(After Care Counselor cont'd)

- Assume overall responsibilities for clean up of all activities.
- Provide timely input on needed program supplies and materials.
- Maintain a cooperative relationship with all other staff members.
- Interact positively with all parents and refer questions and concerns to the on-site coordinator and lead counselors.
- Perform and promote all activities in compliance with the equal employment and nondiscriminatory policies of the school board of Broward County and sunshine after school care.
- Participate successfully in the training program offered to increase the individual's skill and proficiency related to the assignment.
- Perform other duties as assigned by the On-Site Coordinator, Lead Counselors, and Area Coordinators.
- Follow Children and Family Services standards as well as Federal and State laws, and School Board policies.

I have read and agree to fulfill the job performance responsibility as outlined above.

Employee's Signature

Date

*Revised 7/05

Sunshine After School Child Care

Hired Agreement Form

Congratulations! Your employment paperwork is complete and you have been approved to work for Sunshine Child Care!

Please read the following terms of your employment with Sunshine Child Care:

EMPLOYEE'S NAME

ASSIGNED SCHOOL SITE

Hire Date: _____

Pay Rate: _____

You have been hired for the following position: _____ After School Care Counselor

Lead Counselor

Front Desk

The following are your scheduled days to work: M T W TH F

Your scheduled daily work hours are from: _____ pm, until _____ pm.
However, Sunshine Management reserves the right to adjust your employment hours as needed, subject to daily student counts and staffing needs.

Early Release Day work hours are from: _____ pm, until _____.
2005 - 2006 Early Release Days are: August 25th, October 6th, December 16th, March 16th, April 27th, and May 25th. You are expected to adjust your personal schedule in order to work the earlier hours on these six (6) days.

- ❖ You **MUST** sign in and out each day in order to be paid through payroll.
- ❖ You **MUST** attend all work related professional trainings throughout the year.
- ❖ You **MUST** wear your Identification Badge during your after care employment hours.
- ❖ You **MUST** report all absences in advance to the Corporate Office (954) 236-8850.

*Sunshine School Staff do NOT work any National Holidays.
Teacher Work Days, Summer Camp, Spring Camp, and Winter Camp are optional.
You are not required to work these camps, nor are you guaranteed a position.
Employment for specialized camp programs is based on student enrollment.*

I agree to the terms and conditions as stated above and those listed in the Job Description and Employee Agreement Form that I have already signed and initialed.

Employee's Signature

Date

*Revised 7/05

Sunshine Child Care

EMERGENCY AFTER SCHOOL PLAN

This plan will go into effect **IMMEDIATELY** when an announcement is made that we are initiating emergency procedures for either of the following **CODES**:

CODE RED: No movement in the building. Counselors are to close all doors and shutters. Turn off the lights and have the children sit **SILENTLY** on the floor in the back of the room away from the windows. Wait for the clear announcement from the Police. Counselors are **NOT** to use their cell phones or walkie-talkies.

CODE BLACK: **TURN OFF ALL WALKIE-TALKIES, CELL PHONES, AND PAGERS.** Use the school's intercom system to announce if it is a Full Lockdown or Building Evacuation.

CHAIN OF COMMAND AT SITE:

School-Site Coordinator (Lead Security Point Person):

- 1) Makes the determination that the site is in harms way.
- 2) Calls the police and the Principal immediately using landline school phone.
- 3) Announces the "CODE" over the school intercom.
- 4) Maintains control of our staff and students until the Police and/or the school Administration arrives to take over.
- 5) If the decision is made to evacuate the building, announce to the counselors to begin exiting the building through the designated emergency exit doors.
- 6) Meet the groups at the designated area outside of the school.
- 7) Instruct groups to walk together to the off campus staging area.
- 8) Assist with the students and the dismissal procedures.
- 9) Determines "All CLEAR" call.

Site-Leader and Front Desk Assistant:

- 1) Front Desk staff take the student sign out sheets and the student emergency information notebook, and the first aid kit and move quickly into the cafeteria.
- 2) Any students at the front desk for illness or injury are to remain with front desk staff until groups are all in cafeteria or outside.
- 3) Site-Leader calls corporate office to report that an emergency code has been called.
- 4) Follow directions of the school personnel and the police, they are in charge.
- 5) If the police direct an evacuation of the building, take the daily sign out sheets and student emergency information notebook with you.
- 6) Site-Leader meets groups at designated staging area and works with School Coordinator.

Counselors and After School Teachers:

- 1) If an emergency "CODE" is announced, remain calm but react quickly.
- 2) Direct students to stop what they are doing, stay silent, and move to the back of the room and sit on the floor in silence until further directive is given.
- 3) Counselors are to close all doors and window shutters and turn off the lights.
- 4) Counselors are **NOT** to use their cell phones or walkie-talkies.
- 5) Counselors are to keep their clipboards with them and listen and wait for further direction. Keep the students calm and quiet.
- 6) When an evacuation is announced, line up students quickly and quietly and exit through the designated doors to the emergency meeting area outside of the school. Instruct students to keep silent.
- 7) Continually do student head counts and reassure the students.
- 8) Listen for further directions from the School Coordinator, Police, or School Administration.

Sunshine Child Care

Fire Drill Procedures for After School Care

ALL sites are mandated to conduct Emergency Fire Drills on the FIRST WEDNESDAY of every month. The Site-Leader and School Coordinator will be in charge of conducting and timing the official fire drill each month.

1. Counselors are to discuss and practice these procedures with their group so that students know what is expected and how to exit the building from various locations their group uses during after school care activities.
2. Locate the evacuation route sign located in each classroom for the most direct route for evacuating the building.
3. The signal will be called over the walkie-talkies: "This is a **FIRE DRILL**".
4. Respond immediately to the signal:
 - Line student's up in a quiet single file line.
 - Check to be sure no child is in the bathroom.
 - Exit classroom or area as quickly as possible, closing door as you leave.
 - If students are upstairs, they use the stairwell closest to them. Never the elevator!
 - Students on playground quietly line up and move away from building in single file line.
 - Go directly to assigned area outside, turn and face the building.
 - Counselors do head count of their group immediately.
 - Call in on walkie-talkie to Site-Lead that their group is clear: ex. "1A is clear".
 - Wait for "All Clear" signal to return to the building and playground.
5. The School Coordinator and Site Lead need to repeat the drill if they determine that all counselors did not evacuate the building in a timely manner or the children did not follow procedures safely.
6. The Fire Drill Record Sheet must be updated on the HRS bulletin board each month, and a copy given to your Area Coordinator each month.

Sunshine Child Care

Tornado Drill Procedures for After School Care

ALL sites are mandated to conduct Emergency Tornado Drills at least twice during the school year. The Site-Leader and School Coordinator will be in charge of conducting and timing the official tornado drills.

To practice for the event of an actual tornado, all staff and students should:

1. Respond immediately to the signal called over the walkie-talkies: "This is a Tornado Drill".
2. Line students up quickly in a single file line. No talking.
3. Check bathrooms to be sure no student is left behind.
4. Site-Lead assists counselors getting children in from outside areas.
5. Move to an interior wall in the main school building, away from all windows.
6. No one is to remain in the cafeteria.
7. Students kneel on floor and assume a protective position with their head facing the wall covered by their hands "Duck and Cover".
8. Wait for an "ALL CLEAR" signal.

Counselors are to discuss and practice these procedures with their group so that students know what is expected and how to execute the Tornado Drill procedures from any area in the school used by their group to insure their safety.

Site-Leader records Tornado Drills on the Fire Drill Record Sheet located on the HRS board.

Sunshine After School Child Care Safety and Security Checklist Questions and Answers

When reviewing each Program's Safety and Security Plan adaptation, the following need to be addressed:

1. Each "code" needs to be explained in detail, indicating specific aftercare directions for following the "code".
 - a. Every counselor has the "code" directions on their clipboard.
2. Codes or procedures should exist for: Full Lockdown, Lock Down, Evacuation for Fire, Bomb Threat, Stranger on Campus, Missing Child, Injured Child or Adult, Severe Behavior Problem and any other emergency situations that pertain to the specific site.
 - a. Every counselor has the "code" directions on their clipboard.
3. What is the "chain of command" for the site?
 - a. Site Coordinator – Site Leader – Asst. Coordinator – Area Coordinator.
4. What routes will the children take for evacuating the building for a fire or bomb threat from the aftercare locations that are in use?
 - a. The evacuation map from the school.
5. What is the procedure for quickly removing children from the playground if a police activity is taking place in close proximity? What signal is used that the children will immediately recognize?
 - a. The Site Coordinator or Site Leader will make an announcement over the walkie-talkie "All students and staff must report to the cafeteria immediately". Students and staff will remain in the cafeteria until further instructions.
6. Where do children on the playground go for a lockdown? In lockdown situation who checks for children in the bathroom or traveling to dismissal?
 - a. The Site Coordinator or Site Leader will make an announcement over the walkie-talkie "All students and staff must report to the cafeteria immediately". Students and staff will remain in the cafeteria until further instructions.
 - b. The Site Coordinator or Site Leader will check for children in the bathroom or traveling to dismissal.
7. What is the specific outside gathering point for evacuating groups?
 - a. All students and staff will exit to the furthest point in the back of the building. Front Desk staff will gather all sign out, first aid kit and emergency contact numbers when exiting the school.
8. What is the custodian's name that is available to the aftercare to assist in a lockdown procedure, and how do you contact him?
 - a. See School Information Sheet in red folder.

9. What exits and entrances will be left open during aftercare hours?
 - a. Specific to school location.
10. How is the principal contact during an emergency or "code"? If he/she is not available, how do you contact the assistant principal or district?
 - a. See School Information Sheet in red folder.
11. Who contacts BASCC when an incident has occurred at a site?
 - a. Administrative office will contact BASCC.
12. How do you contact your School Safety Officer if he is still on campus?
 - a. The Site Coordinator will locate the School Safety Officer.
13. When must cell phones and walkie-talkies NOT be used for communication, and what is your alternative form of communication with staff in other locations?
 - a. The designated person (Site Coordinator or Site Leader) will walk away from the school premises and call from a Nextel phone.
14. Who calls 911 in an emergency? Where are directions posted to the school to communicate to the 911 operator?
 - a. Following chain of command (Site Coordinator – Site Leader – Asst. Coordinator – Area Coordinator).
 - b. An emergency poster is posted in the storage room.
15. How is a Severe Weather Alert handled? What happens in every location during a tornado drill? Are any of the groups in portables-where do they go for severe weather?
 - a. The Site Coordinator or Site Leader will make an announcement over the walkie-talkie "Due to severe weather alert, all students and staff must report to the cafeteria immediately". Students and staff will remain in the cafeteria until further instructions.
16. When a code is called to evacuate, what do you take with you?
 - a. Front Desk staff will gather all sign out, first aid kit and emergency contact numbers when exiting the school.
17. Who are the "medically trained staff" on site (staff with current CPR and first aid).
 - a. Specific to school location.
18. What are the procedures for a missing child?
 - a. See emergency procedure sheet.
19. What do you do if a child runs away from the program?
 - a. Call for assistance to watch your group and try to capture the child.
20. Who calls the "All Clear" after an incident?
 - a. Chain of command (Site Coordinator – Site Leader – Asst. Coordinator – Area Coordinator).

Sunshine Child Care

Emergency Procedures For:

- I. Missing Child
- II. Serious Injury
- III. Fire
- IV. Intruder on Campus
- V. Late Child Pick-Up

I. Missing Child:

1. Alert School Coordinator for Assistance
2. Check all school documents:
 - a) Absence list
 - b) Early Sign Out Sheet
 - c) Change in Dismissal sheet
3. Do "All Call" for counselors to check their group for missing child and do head count.
4. Check all bathrooms
5. Alert School Administration
6. Call Corporate Office immediately
7. Call Parent
8. Call Police

II. Serious Injury:

1. Counselor alerts Lead Counselor and Site-Coordinator of child's injury, their location, the child's name
2. Both Lead and School Coordinator go to location to assess the child's injury. Bring and wear gloves!
3. Do not move child. Call 911 for ambulance if needed.
4. Counselor moves the rest of the children from the area and calms them down.
5. Front desk pulls all information on injured child and an accident/injury report. Report is to be detailed with witnesses to the accident.
6. Call your Area Coordinator immediately.
7. If available, notify school administration.
8. Notify parent - remain calm.
9. If parent is unable to get to the site and the child needs to be transported, send the parent directly to the hospital.
10. The Lead Counselor follows the ambulance and stays with the child until the parent and Area Coordinator arrives at the hospital.

III. Fire:

1. Pull fire alarm.
2. Evacuate the children following the fire drill procedures.
3. Counselors **MUST** do a head count immediately so that no child is left inside.
4. Counselors call into the Site Coordinators when they have cleared the building and have completed their head count.
5. Counselors are to keep the children quiet and organized.
6. Front Desk staff takes with them: attendance sheets, sign out sheets, student phone numbers, and any payment money.
7. Notify corporate office immediately.
8. Children are **NOT** to be released until the "clear" is called.

IV. Intruder on Campus:

1. All staff is to be aware of any person on campus that does not have an ID.
2. Approach and ask them to please go to the front office or front desk.
3. Alert Site-Coordinator
4. Alert Head Custodian and, if possible, administration.
5. If person or persons become agitated, call 911.

NOTE: Middle and High School students are **NOT** permitted on campus while After Care students are there. Call School Coordinator to speak with group and ask them to leave. If they refuse, call the police.

Sunshine Child Care

Late Child Pick-Up Procedures

V. Late Child Pick-Up:

After 6:00 PM, the Site Leader or front desk staff should attempt to contact the parent by telephone (work, home, emergency contacts). The Area Coordinator and/or corporate office are to be notified.

A late pick up fee is charged at time of pick-up for each 15 minutes (1-15 minutes; 16-30 minutes; 31-45 minutes; etc) the parent/guardian is late in picking up each of his/her children.

Procedures for Children NOT picked up by 7:00 PM: If neither parents nor emergency contacts can be reached and there has been no communication from parent/guardian, the School Coordinator and/or the Area Coordinator should call the local police and the child should then be released in their custody.

The police officer should sign supplement #23 School Board Release Form (Exhibit 36) *see attached*. If the police do not find someone to take the child, they will notify DCF.

If the same child is left more than once, they will be dismissed from our program.

4

Broward County Commissioners, Broward County, Florida
HUMAN SERVICES DIVISION
Child Care Licensing and Enforcement Section

(Check one)
ASCC _____
BSC _____
NSD _____
Camp _____

RECORD OF UNUSUAL INCIDENTS AND ACCIDENTS

SUNSHINE SCHOOL SITE: _____

Name of Child: _____ Age: _____ D.O.B. _____ Group: _____

Date of Incident/Accident: _____ Approximate Time: _____ (military time)

Your child has a (check one): ☐ Cut ☐ Bump ☐ Other _____

Parents notified: ☐ Yes ☐ No Time called: _____ Staff member who called: _____

Who received call: _____ Response from parent: _____

Describe the unusual incident/accident in detail: _____

Witness: ☐ Yes ☐ No Name of witness: _____

First Aid Administered: I gave lots of Love ♥ and (check one or more)

☐ Washed with Soap & Water ☐ Put Ice on It ☐ Put Band-Aid on ☐ Other (describe in detail below)

Action taken: _____

Signature of Reporting Staff Member _____

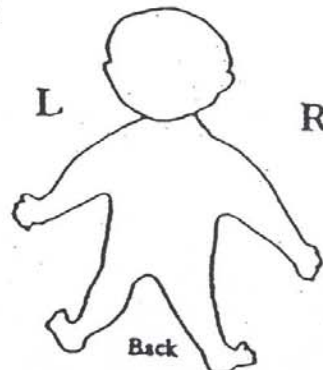
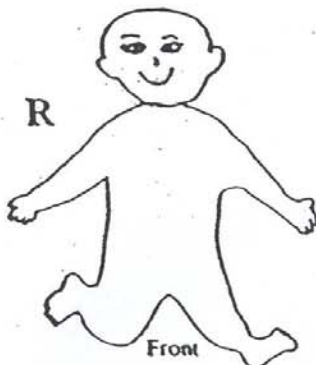
Date Signed _____

I have been advised of the above incident:

Signature of Parent/Guardian _____

Date _____

Mark Location of Injury Below



White Copy: Student File

Yellow Copy: Accident Log

Pink Copy: Parent Copy



STUDENT BEHAVIOR REPORT

Student's Name: _____

Date: _____

School Location: _____

Group: _____

Counselor's Name: _____

Time: _____

Written description of student's *specific* behavior:

Reported By: _____

Discipline Action Taken:

**Check all that apply:

- Child was spoken to 1:1 _____
- Time - Out: _____ How long? _____
- Missed Activity: _____ What Specific Activity? _____
- Site-Director was called: _____ Name of Site-Director: _____
- A behavior plan is needed: _____

Written documentation of inappropriate student behavior will be maintained. If the child's behavioral concern continues and becomes a disruption to the safe operation of our program, the parent will be given a 3 day notice that the child is being dismissed from our program and they will need to seek childcare services elsewhere.

- Parent Called _____ 1:1 Parent Conference _____
- Student placed on probation as of _____
DATE
- Student Suspended _____ How many days? _____ Effected dates: _____
- Student dismissed from program as of: _____
DATE

Parent Signature

Date

Site-Director's Signature

Date

Sunshine Child Care - 7901 SW 36 Street, Suite 200, Davie, FL 33328
Office - 954-236-8850 * Fax - 954-236-8881 * www.sunshinefl.com

White Copy: Student File

Yellow Copy: Behavior Log

Pink Copy: Parent Copy



CHILD CARE APPLICATION FORM

PROGRAM TYPE:

☐ After School Care
☐ Spring Camp

☐ Before School Care
☐ Summer Camp

☐ No School Day
☐ Winter Camp

SCHOOL SITE:

Child's First Name: _____

Child's Last Name: _____

Child's Middle Initial: _____

Password: _____

Date of Birth: _____

Age: _____

Race: ☐ White ☐ Hispanic ☐ Black ☐ Other

Child Lives With: ☐ Mother ☐ Father ☐ Other

Starting Date: _____ Grade: _____

Phone Number: _____

Address: _____

City: _____ Zip Code: _____

Sex: _____ Child's SSN: _____

Hair Color: _____ Eye Color: _____

Medical Concerns/Comments: _____

Does your child need any special accommodations in our program? Yes ☐ No ☐ If yes, please ask for part II of this application

E-mail Address: _____

Are you interested in having information e-mailed to you? Yes ☐ No ☐
We will forward all Sunshine information to you, please check box if you do not want this service.

Mother's Name: _____

Father's Name: _____

Home Number: _____

Home Number: _____

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____

Driver's License #: _____

Driver's License #: _____

People authorized to pick up my child: Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No

Name

Relationship

Phone Number

1. I understand that my child will be expected to behave in accordance with the Code of Student Conduct for Broward County Public Schools and all Sunshine programs.
2. I understand that it is necessary to pick my child(ren) up by 6 p.m. Failure to do so will result in a late fee per child for every 15 minutes or part of past 6 p.m. and may lead to dismissal from the program.
3. I understand that there will be **NO** refunds, credits, or reductions in fees for absences due to illness or vacation.
4. I understand that it is my responsibility to keep my own records and receipts for income tax purposes.
5. A REGISTRATION FEE is due with the signing of this agreement and is NON-REFUNDABLE.
6. I acknowledge receipt of the Schedule of Fees to be paid by me for my child's attendance in Sunshine Child Care. I understand that payment for Before & After School Child Care/Camp will be made in advance of my child receiving care. I understand that in the event I fail to pay these fees in a timely manner, I will be held responsible for ALL fees and collection costs on all unpaid charges. I understand that if my check is returned for any reason, I will be charged for ALL bank fees and acknowledge that payments thereafter will have to be made in cash.

Parent/Guardian's Signature: _____

Date: _____

Sunshine After School Child Care - 7901 SW 36 Street, Suite 200, Davie, FL 33328
Office - 954-236-8850 * Fax - 954-236-8881 * www.sunshinefl.com



Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Bureau of Children's Services/Child Care Licensing and Enforcement Section
CHILD ENROLLMENT INFORMATION

1

Child's Grade: _____ PASSWORD: _____

CHILD'S NAME: _____ DATE OF ENROLLMENT: _____

ADDRESS: _____ BIRTH DATE: _____

SEX: _____ PREFERRED NAME: _____

	NAME	HOME ADDRESS	PHONE
MOTHER:	_____	_____	_____
FATHER:	_____	_____	_____
GUARDIAN:	_____	_____	_____

	PLACE OF EMPLOYMENT	BUSINESS ADDRESS	PHONE
MOTHER:	_____	_____	_____
FATHER:	_____	_____	_____
GUARDIAN:	_____	_____	_____

CHILD'S PHYSICIAN: _____

MAY THE CENTER CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT

	NAME	ADDRESS	PHONE
	_____	_____	_____
	_____	_____	_____

PERSONS PERMITTED TO REMOVE CHILD YES ☐ NO ☐ FATHER YES ☐ NO ☐

	NAME	ADDRESS	RELATIONSHIP
	_____	_____	_____
	_____	_____	_____

SIGNATURE OF PERSON ENROLLING CHILD



7901 SW 36TH Street, Suite #200
Davie, Florida 33328
Office Phone (954) 236-8850 - Fax (954) 236-8881

BEFORE and AFTER SCHOOL CARE REGISTRATION

PARENT GUIDELINES VERIFICATION FORM

PAYMENTS: are due by the payment schedule according to the Broward County School Board. I understand that there will be no **refunds, credits, or reductions** for absences, absences due to illness, or vacation. Failure to pay in advance, will result in a child's non-participation in the program and an immediate dismissal. Parent will be required to re-register their child and pay the registration fee again.

RETURNED CHECKS: I understand that if my check is returned to the office from the bank for any reason, I will be charged the amount of the check PLUS a \$25.00 service fee. ALL payments made thereafter will have to be made in cash.

LATE PICK UP FEES: I understand that if I pick up my child after 6:00 P.M. an overtime fee of \$5.00 per each 15 minutes or part thereof, per child will be charged. On the fourth late pick up, suspension of child care services may occur with NO REFUNDS or credit for future services.

SUNSHINE FACT SHEET: My signature verifies that I have read, understand, and agree to abide by the above policies and conditions of services of the Sunshine Program.

Signature of Parent/Guardian

Date

CONSENT FORM

I hereby give my consent to have my child participate in all activities provided by Sunshine After School Care. I give my permission to have my child taken to and from on various field trips by means of transportation used by Sunshine After School Care.

I also realize that Sunshine After School Care will not be responsible for any minor injuries that might occur during the normal school day. (Examples: scratched knee, cuts, bruises, bites, etc.)

I have read the above and hereby give my consent:

Child's Name: _____

Address: _____

Signature of Parent/ Guardian: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of an emergency, Sunshine After School Care will attempt to reach either parent or the Emergency Number given by the parent on the Application Form. If for any reason none of these parties are available, I authorize Sunshine After School Care to use the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Medical Insurance Carrier: _____ Policy Number: _____

I have read the above and hereby give my consent:

Signature of Parent/ Guardian: _____ Date: _____

AUTHORIZATION FOR MEDIA RELEASE

I acknowledge that Sunshine After School Care is a private provider and understand that my child's picture may appear in newspapers or on television as part of a media publication on Sunshine After School Care.

I have read the above and hereby give my consent:

Signature of Parent/ Guardian: _____ Date: _____

STUDENT DISCIPLINE POLICY

At Sunshine After School Care, children are our business and our number one priority! We feel strongly that a positive, supportive and structured environment promotes good behavior. A full day of varied activities is planned to direct your child's energy into positive channels. We believe that children learn from us and that we are their positive role models.

One of our many goals is to help children feel good about themselves by building their self-esteem and self-confidence. Our counselors and Site Directors have been trained in "cooperative Discipline" by our Director of educational Programs and Quality Assurance. Whenever discipline is necessary, corrective discipline is used to change the inappropriate behavior of the child, never to hurt the child.

The following are the steps taken to correct inappropriate behavior in our programs and to insure the safety and well being of all our children:

- 1) Counselors will first take your child aside and quietly speak to him/her about their behavioral concern. If the inappropriate behavior warrants, the counselor will either put the child in timeout (appropriate to their age), or, if necessary, have the On-Site-Director speak to the child. The child will receive a verbal warning and a written behavior report requiring parent signature.
- 2) A child's second serious behavior incident will result in a phone call to the parent as well as a written behavior report copied to the school administration.
- 3) A child's third behavior incident results in a telephone call to the parent from the Site-Director, and possible suspension or expulsion from the Sunshine Child Care program.

I have read and fully understand Sunshine After School Care's Discipline Policy.

Student's Name

Date

Parent/Guardian's Signature

Parent/Guardians Printed Name

"Sunshine After School Care does not discriminate because of race, color, religion, gender, national origin, marital status, sexual orientation, physical or mental disability, or political affiliation."



SWIM Central Water Safety Education
Questionnaire

Child Care Facility: _____ Date: _____

Child's Name: _____ Age: _____

Parent's name and Address: _____

- | | | |
|--|-----------|----------|
| 1. Has your child ever taken swim lesson? | Yes _____ | No _____ |
| 2. Can your child roll over and float on his/her back? | Yes _____ | No _____ |
| 3. Can your child swim to the side of the pool? | Yes _____ | No _____ |
| 4. Have you taken a Community Water Safety Course? | Yes _____ | No _____ |
| 5. Is anyone in your household certified CPR? | Yes _____ | No _____ |

Additional Comments:

Please mail or fax this back to:

SWIM Central
950 N.W. 38 Street
Oakland Park, FL, 33317
954-357-8102 (fax)



ADULT SUPERVISION TO CHILDREN RATIO

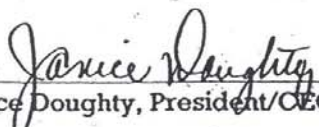
1:18

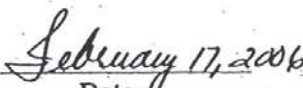
Sunshine Child Care will provide The Town of Davie with sufficient, qualified staff to oversee the children in this program based on HRS Guidelines. We will provide The Town of Davie Florida with the required protective services clearance form, as well as the School Board of Broward County's Level 2 background screening for all staff hired to work in this program. (*The FDLE background screening will be redone on an annual basis.)

Sunshine Child Care will provide The Town of Davie with a list of all employees and provide proof of FDLE background screening for all said employees, and for any subcontractors hired by us to provide additional services, five (5) business days prior to the first day of employment to work at the Pine Island Multipurpose Facility for the After School Daycare program and/or any other child care type program.

Sunshine Child Care Counselors/Leaders will be required to complete First Aid Training and Pediatric CPR training, and/or hold a current certification card in those specific programs.

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date



	Monday	Tuesday	Wednesday	Thursday	Friday
2:00-2:40	Wash Hands/ Snack (K-2) Outdoor Play/ Wash Hands (3-5)	Wash Hands/ Snack (K-2) Outdoor Play/ Wash Hands (3-5)	Wash Hands/ Snack (K-2) Outdoor Play/ Wash Hands (3-5)	Wash Hands/ Snack (K-2) Outdoor Play/ Wash Hands (3-5)	Wash Hands/ Snack (K-2) Outdoor Play/ Wash Hands (3-5)
2:40-3:00	Outdoor Play (K-2) Snack (3-5)	Outdoor Play (K-2) Snack (3-5)	Outdoor Play (K-2) Snack (3-5)	Outdoor Play (K-2) Snack (3-5)	Outdoor Play (K-2) Snack (3-5)
3:00-3:30	Homework (K-2) Homework (3-5)	Homework (K-2) Homework (3-5)	Homework (K-2) Homework (3-5)	Homework (K-2) Homework (3-5)	Homework (K-2) Homework (3-5)
3:30-4:00	Animal Crackers, Dance, Recipe for Writing, Com- puters, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections (K-2) Homework (3-5)	Animal Crackers, Dance, Recipe for Writing, Com- puters, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections (K-2) Homework (3-5)	Animal Crackers, Dance, Recipe for Writing, Com- puters, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections (K-2) Homework (3-5)	Animal Crackers, Dance, Recipe for Writing, Com- puters, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections (K-2) Homework (3-5)	Animal Crackers, Dance, Recipe for Writing, Com- puters, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections (K-2) Homework (3-5)
4:00-5:00	Reading, Dance, Recipe for Writing, Computers, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections, Card Games, or Bingo (All Grades)	Reading, Dance, Recipe for Writing, Computers, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections, Card Games, or Bingo (All Grades)	Reading, Dance, Recipe for Writing, Computers, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections, Card Games, or Bingo (All Grades)	Reading, Dance, Recipe for Writing, Computers, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections, Card Games, or Bingo (All Grades)	Reading, Dance, Recipe for Writing, Computers, Drama/ Acting, Arts & Crafts with Kids' Edu- Connections, Card Games, or Bingo (All Grades)
5:00-6:00	Outdoor Play, Indoor Play/Saludos, Clean Up Time (All Grades)	Outdoor Play, Indoor Play/Saludos, Clean Up Time (All Grades)	Outdoor Play, Indoor Play/Saludos, Clean Up Time (All Grades)	Outdoor Play, Indoor Play/Saludos, Clean Up Time (All Grades)	Outdoor Play, Indoor Play/Saludos, Clean Up Time (All Grades)



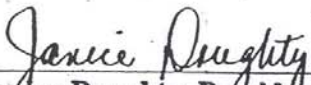
SUNSHINE
child programs

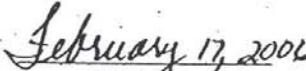
MINIMUM STAFF QUALIFICATIONS

Sunshine Child Care will provide The Town of Davie with sufficient, qualified staff to oversee the children in this program based on HRS Guidelines.

- ✓ Minimum Qualifications
- ✓ Application For Employment Form
- ✓ Staff File Checklist
- ✓ Staff Handbook
 - General Information/Company Policies
 - Drug Free Policy (pages 8-25)
 - Sexual Harassment Policy (page 28)

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

Staff Qualifications

All of our staff meets and/or exceeds the educational and professional credentials required by the School Board and Children and Family Services licensing departments. Many of our staff are degree professionals, or are currently enrolled in college. To ensure the highest quality and safety of our programs, we employ highly trained professionals to continuously monitor and supervise our programs at each site. In addition, Sunshine employs certified teachers to provide additional supervision, leadership, and academic support to our after school care program and students. Sunshine strives to maintain a low staff to student ratio by hiring group counselors who must meet the following criteria:

- Must be at least 18 years old
- Must be a high school graduate
- Must take & pass a drug test
- Must have physical every 2 years
- Must get fingerprinted & have a background check by child care licensing & enforcement
- Must be screened locally through the FBI
- Must complete CPR certification & first aid training
- Must complete 40 hours of child care classes which include the following:
 - 20 hours of introduction to child care which includes health, safety, nutrition, identifying & reporting child abuse & neglect, child growth & development, and state & local regulations of a child care facility.
 - 10 hours of behavioral observation & screening classes & any one of the following 10 hours: special needs appropriate practices, school age appropriate practices, or infant & toddler appropriate practices.
- All staff required to take 10 hours for in-service every year.

Enriching the lives of Florida's youth one child at a time





SUNSHINE
child programs

7901 S.W. 36th Street, Suite 200, Davie, FL 33328

Main Office 954-236-8850, Fax 954-236-8881

www.sunshinefl.com

APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION APPLYING FOR: ☐ COUNSELOR
☐ FRONT DESK

NAME (LAST, FIRST) _____

SOCIAL SECURITY NUMBER _____

AGE _____

DATE OF BIRTH _____

☐ MALE ☐ FEMALE

PRESENT ADDRESS _____

CITY, STATE _____

ZIP CODE _____

HOME PHONE NUMBER _____

CELL NUMBER _____

BEEPER NUMBER _____

☐ BLACK ☐ WHITE ☐ HISPANIC ☐ OTHER

EMPLOYMENT INFO:

ARE YOU CURRENTLY EMPLOYED IN A BROWARD COUNTY SCHOOL? ☐ YES ☐ NO
IF YES, IN WHAT CAPACITY? ☐ PARAPROFESSIONAL ☐ OFFICE STAFF ☐ CAFETERIA WORKER

ARE YOU CURRENTLY EMPLOYED AT A CHILD CARE FACILITY? ☐ YES ☐ NO
IF YES, NAME OF FACILITY _____ JOB TITLE _____

ARE YOU PROFICIENT IN ANY LANGUAGE OTHER THAN ENGLISH? IF YES, WHAT LANGUAGE? _____

HAVE YOU EVER APPLIED TO SUNSHINE CHILD CARE BEFORE? ☐ YES ☐ NO

IF YES, WHERE: _____ WHEN: _____

DATE YOU CAN START: _____

WHAT LOCATIONS WOULD YOU BE WILLING TO WORK AT?

☐ EAST FT LAUD. ☐ WEST FT. LAUD. ☐ PLANTATION ☐ WEST PEMBROKE PINES ☐ MIRAMAR
☐ COOPER CITY/DAVIE ☐ EAST HOLLYWOOD ☐ CENTRAL HOLLYWOOD ☐ MARGATE ☐ NO PREFERENCE

E.O.E./M/F/H/V

59~



SUNSHINE
child programs

7901 S.W. 36th Street, Suite 200, Davie, FL 33328
Main Office 954-236-8850, Fax 954-236-8881
www.sunshinefl.com

EDUCATION:

NAME & ADDRESS OF HIGH SCHOOL _____

YEARS ATTENDED _____ DID YOU GRADUATE? _____

NAME OF COLLEGE (IF APPLICABLE): _____

YEARS ATTENDED: _____ DID YOU GRADUATE? _____

SUBJECTS STUDIED: _____

HAVE YOU TAKEN ANY CHILD CARE CLASSES? _____ YES _____ NO
IF YES, PLEASE CIRCLE THE CLASSES THAT YOU HAVE COMPLETED: 10 10 20

DO YOU HAVE YOUR CDA? _____ YES _____ NO

ARE YOU CPR CERTIFIED? _____ YES _____ NO

ARE YOU CERTIFIED IN FIRST AID? _____ YES _____ NO

SPECIAL INTERESTS / EXTRA CURRICULAR ACTIVITIES:

PLEASE ANSWER THE QUESTIONS BELOW TO THE BEST OF YOUR ABILITY:

1. WHAT EXPERIENCE HAVE YOU HAD WITH CHILDCARE?

2. IF YOU WERE A COUNSELOR FOR 20 FIRST GRADE CHILDREN, AGES 6 AND 7, HOW WOULD YOU MANAGE THEIR BEHAVIOR?

3. JOE AND JOSE ARE CLOSE FRIENDS, BUT GET A LITTLE OVERLY EXCITED WHEN PLAYING OUTDOORS. ON ONE AFTERNOON THE BOYS ARGUE OVER AN OVERTHROWN BALL AND END UP IN A BRAWL. HOW WOULD YOU HANDLE THIS SITUATION WHILE KEEPING AN EYE ON THE OTHER CHILDREN YOU ARE SUPERVISING?

4. A CHILD FALLS TO THE FLOOR SCREAMING DURING A BASKETBALL GAME. HOW WILL YOU HANDLE THE SITUATION WHILE KEEPING AN EYE ON THE OTHER CHILDREN YOU ARE SUPERVISING?

5. THINKING OF YOURSELF AS A COUNSELOR FOR ELEMENTARY AGE CHILDREN, WHAT DO YOU CONSIDER AS YOUR THREE STRENGTHS THAT MAKE YOU A GOOD CANDIDATE FOR HIRE?

6. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN EMPLOYED BY A CHILD CARE FACILITY THAT HAS EITHER HAD ITS LICENSE DENIED, REVOKED OR SUSPENDED IN ANY STATE OR JURISDICTION, OR HAS BEEN SUBJECT TO DISCIPLINARY ACTION AND/OR RECEIVED A FINE?

NO _____ YES _____

IF YES, PLEASE EXPLAIN:

PRESNET AND PREVIOUS EMPLOYMENT: (LIST MOST RECENT EMPLOYMENT FIRST)

FROM	TO	NAME & ADDRESS OF EMPLOYER	PHONE #	POSITION	SALARY	REASON FOR LEAVING

REFERENCES:

NAME	ADDRESS	PHONE #	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION:

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONALLY OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM AUTHORIZATION FOR SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS WRITTEN AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____

DATE _____

SUNSHINE INC. IS A DRUG FREE WORKPLACE

-62-

NAME: _____
LAST FIRST MIDDLE MAIDEN

TEACHER/CERTIFIED APPLICANTS

YES ☐ NO ☐ 13. HAVE YOU EVER HAD A TEACHING CERTIFICATE REVOKED OR SUSPENDED? IF YES, IN WHAT STATE AND WHEN? _____

YES ☐ NO ☐ 14. HAVE YOU EVER HAD SANCTIONS PLACED ON YOUR TEACHING CERTIFICATE FOR ANY REASON? _____

YES ☐ NO ☐ 15. HAVE YOU EVER BEEN DENIED A TEACHING CERTIFICATE ANYWHERE? _____

YES ☐ NO ☐ 16. IS DISCIPLINARY ACTION CURRENTLY PENDING ANYWHERE AGAINST YOUR TEACHING CERTIFICATE? _____

IF YOU ANSWERED "YES" TO QUESTION(S) 13, 14, 15, OR 16, YOU MUST GIVE THE NAME OF THE STATE WHERE YOUR TEACHING CERTIFICATE WAS REVOKED, SUSPENDED, SANCTIONED, DENIED, OR WHERE ACTION IS CURRENTLY PENDING AGAINST YOU.

INCIDENT #1 (REQUEST 2ND SHEET IF MORE THAN ONE INCIDENT)

IF ARRESTED, WHERE? _____ DATE OF ARREST: _____

ARRESTING AGENCY: _____

OFFENSE: _____

PLEASE PROVIDE A DETAILED EXPLANATION: _____

FINAL DISPOSITION: _____

BY SIGNING THIS DOCUMENT I CERTIFY THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND EACH QUESTION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. MY SIGNATURE FURTHER CERTIFIES THAT THERE IS NO FALSIFICATION OF ANY INFORMATION OMISSION OF ANY INFORMATION REQUESTED OR ANY MISREPRESENTATION OF INFORMATION REQUESTED. I ALSO UNDERSTAND THAT MY FINGERPRINTS WILL BE SUBMITTED TO THE FEDERAL BUREAU OF INVESTIGATION FOR A COMPLETE CRIMINAL HISTORY BACKGROUND CHECK. BY MY SIGNATURE, I AUTHORIZE THE BROWARD COUNTY SCHOOL BOARD TO CONDUCT ANY INVESTIGATION NECESSARY TO VERIFY ALL INFORMATION IDENTIFIED ON THIS FORM. MY SIGNATURE ON THIS DOCUMENT PROVIDES FOR THE RELEASE ANY SEALED OR EXPUNGED RECORDS IN MY NAME BY ANY COURT. INCLUDED IN THIS GRANT OF AUTHORITY IS MY PERMISSION TO CONTACT ANY AND ALL FORMER EMPLOYERS AND OTHER PERSONS ACQUAINTED WITH ME OR IN POSSESSION OF INFORMATION CONCERNING ME TO SUPPLY SUCH INFORMATION TO THE SECURITY CLEARANCE OFFICE. ALL MONIES RECEIVED AS PART OF THE FINGERPRINTING PROCESS ARE NON-REFUNDABLE. BY MY SIGNATURE, I CERTIFY THAT I KNOW, UNDERSTAND, AND AGREE THAT ANY FALSE STATEMENT OR OMISSION OF INFORMATION REQUESTED IS A CAUSE FOR DISMISSAL FROM EMPLOYMENT.

SIGNATURE OF APPLICANT _____

DATE _____



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

IMPORTANT- READ CAREFULLY BEFORE COMPLETING THIS FORM

THE SCHOOL BOARD OF BROWARD COUNTY WILL RECEIVE INFORMATION ON ALL RECORDS, INCLUDING JUVENILE, THAT HAVE BEEN SEALED, EXPUNGED, OR WHERE ADJUDICATION WAS WITHHELD, TO OMIT A RESPONSE OR TO BE UNTRUTHFUL IN YOUR RESPONSE, REGARDLESS OF ANY PREVIOUS INFORMATION RECEIVED FROM AN ATTORNEY, A JUDGE, OR ANY THIRD PARTY WILL BE CONSIDERED FALSIFICATION OF YOUR APPLICATION AND IS CAUSE FOR DISMISSAL FROM EMPLOYMENT.

IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION REQUESTED BELOW YOU ARE TO ASK THE INDIVIDUAL TAKING YOUR FINGERPRINTS.

SECURITY BACKGROUND CHECK

THIS FORM MUST BE TURNED IN WITH YOUR APPLICATION FOR EMPLOYMENT

NAME: _____ SS# _____ DATE OF BIRTH: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____ PHONE #: _____

AT THE TIME OF EMPLOYMENT YOUR FINGERPRINTS WILL BE RESEARCHED BY LOCAL, STATE, AND FEDERAL LAW ENFORCEMENT AGENCIES. SEALED OR EXPUNGED RECORDS MUST BE REVEALED TO THE SCHOOL BOARD OF BROWARD COUNTY PURSUANT TO F.S. 943.058. YOUR EMPLOYMENT WITH THE BROWARD COUNTY SCHOOL DISTRICT IS TEMPORARY AND PROBATIONARY PENDING SUCCESSFUL PROCESSING OF YOUR FINGERPRINTS. THE FOLLOWING QUESTIONS MUST BE ANSWERED TRUTHFULLY. A "YES" ANSWER TO ANY OF THE FOLLOWING QUESTIONS, DOES NOT AUTOMATICALLY KEEP YOU FROM BEING HIRED. YOUR OMISSION OR FALSIFICATION OF ANY CRIMINAL HISTORY, MISDEMEANOR, OR FELONY, SEE BELOW FOR EXAMPLES OF CRIMINAL OFFENSES INFORMATION, IS A CAUSE FOR DISMISSAL FROM EMPLOYMENT.

- | | | |
|------------------------------|-----------------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 1. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE (MISDEMEANOR OR FELONY) OTHER THAN A MINOR TRAFFIC VIOLATION? (DRIVING UNDER THE INFLUENCE (DUI) AND DRIVING WHILE INTOXICATED (DWI) CONVICTIONS ARE NOT MINOR AND MUST BE REPORTED.)? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 2. HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENSE? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 3. HAVE YOU EVER ENTERED A NOLO CONTENDRE OR NO CONTEST PLEA IN A CRIMINAL PROCEEDING? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 4. HAVE YOU EVER HAD A CRIMINAL RECORD SEALED? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 5. HAVE YOU EVER HAD A CRIMINAL RECORD EXPUNGED? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 6. HAVE YOU EVER PARTICIPATED IN ANY TYPE OF PRE-TRIAL INTERVENTION/DIVERSION PROGRAM THAT RESULTED IN THE CHARGES BEING REDUCED/DISMISSED OR NOT PROSECUTED? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 7. HAVE YOU EVER HAD ADJUDICATION WITHHELD IN A CRIMINAL OFFENSE? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 8. ARE THERE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 9. HAVE YOU EVER BEEN IMPRISONED OR JAILED IN A CRIMINAL PROCEEDING? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 10. HAVE YOU EVER BEEN PLACED ON PROBATION IN A CRIMINAL PROCEEDING? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 11. HAVE YOU EVER PAID A FINE IN A CRIMINAL PROCEEDING? |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 12. HAVE YOU EVER FAILED TO APPEAR IN COURT OR FORFEITED BOND IN A CRIMINAL PROCEEDING? |

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION ABOVE, YOU MUST EXPLAIN FULLY ON THE REVERSE SIDE OF THE FORM.

EXAMPLES OF CRIMINAL OFFENSES: ASSAULT/BATTERY, AUTO THEFT, DISORDERLY CONDUCT, DOMESTIC VIOLENCE, DUI/DWI, FRAUD (WELFARE/FOOD STAMPS), LOITERING, PROSTITUTION/SOLICITATION, ROBBERY, SHOPLIFTING, THEFT (GRAND/PETTY), TRESPASSING, WORTHLESS CHECKS. NOTE: THIS IS A COMPLETE LIST AND IS INTENDED TO PROVIDE EXAMPLES ONLY. YOU MUST LIST ALL RECORDS INCLUDING JUVENILE INCIDENTS AND THOSE IN WHICH ADJUDICATION WAS WITHHELD AND/OR RECORDS WERE SEALED/EXPUNGED.

PERSONNEL RECORD

CELL _____

STAFF FILE CHECKLIST

NAME OF APPLICANT: _____
FILE START DATE: _____

PART I:

____ APPLICATION COMPLETED
____ INTERVIEW DATE: _____
____ DRUG TEST RETURNED: _____
____ DRUG TEST RESULTS RECEIVED: _____
____ REFERENCES CHECKED: _____

.....

PART II:

____ FINGERPRINTING FORMS (AFFIDAVIT AND LOCAL)
____ PHYSICIAN'S STATEMENT OF GOOD HEALTH (#8)
____ 2 FORMS OF IDENTIFICATION (PHOTO-COPIED)
____ COPY OF HIGH SCHOOL DIPLOMA

.....

PART III: SECURITY CLEARANCE RECEIVED _____
DATE _____

.....

PART IV: ORIENTATION TRAINING

____ ASSIGNED SCHOOL SITE: _____
____ ORIENTATION DATE: _____
____ ORIENTATION TIME: _____
____ ORIENTATION PACKET COMPLETED
____ START DATE: _____

____ ENTERED INTO E-Z CARE initials: _____
____ ENTERED INTO FLORIDA NEW HIRE initials: _____

LAST DATE OF EMPLOYMENT: _____



SUNSHINE
child programs

STAFF HANDBOOK

Orientation Training

Sunshine Child Programs
7901 SW 36th St., Suite 200
Davie, FL 33328
www.sunshinefl.com
Phone- 954-236-8850
Fax- 954-236-8881

Janice Doughty- CEO
Jack Doughty- Management
Howard Doughty- Administrative Director
Craig Doughty- Operations Director
Colleen Gulla-Arendt- Executive Director
Nick Matzirakis- Chief Development Officer
Anthony Motta- Area Coordinator
Theresa Bloom- Compliance Director
Erin Gulla- Human Resources/Personnel Director



SUNSHINE
child programs

Table of Contents:

General Information	13
Counselor Responsibilities	4
Safety	5
Communication	6
Student Behavior	7
Drug Free Policy	8-10
Substance Abuse Handbook	11-22
Employee Acknowledgment Agreement	23-25
Dress Code Policy	26
Disciplinary Policy	27
Sexual Harrassment Policy	28
Child Disciplinary Policy	29
AIDS/HIV Infection Training	30
Child Abuse & Neglect Training	31
No Accident Certification Record	32
Staff Handbook Agreement	33
Badge Contract	34
Camp/NSD Time Off Policy	35
Time Off Policy	36
Walkie Policy	37

Table of Contents



SUNSHINE
child programs

General Information:

PHILOSOPHY

Sunshine Child Care is based on the belief that the hours a child is away from home and in our care should include opportunities for physical, social, emotional, and intellectual growth. Each of our programs are designed with that in mind.

PROFESSIONAL ETHICS

All employees of Sunshine Child Care are expected to exhibit good moral character and professional ethics at all times. We pride ourselves in being positive role models for the children in our care and have high expectations for our staff. Inappropriate slang, curse words or gestures are strictly prohibited. Music or videos played for students must be pre-approved by the Coordinator or Site Assistant Director. Students are never permitted to sit on the laps of counselors or to be swung around. Counselors are expected to use good judgment when managing and disciplining children. Counselors are responsible for the safety and security of all children.

**•EMPLOYEES MUST SELF-REPORT ANY ARRESTS
WITHIN 24 HOURS TO OPERATIONS MANAGEMENT!**

DRESS CODE

We expect our counselors to dress appropriately during work hours by wearing clean staff shirts and mid-thigh or below the knee length shorts (tan or khaki if possible) or pants, tennis shoes and socks.

EMPLOYEE EVALUATIONS

All employees are evaluated on a monthly or bi-monthly basis based on job performance, attitude and attendance. We strongly encourage our counselors and staff to set performance goals for themselves and to maintain a positive work atmosphere by behaving and communicating in a professional manner. Advancements, incentives, and bonuses are given to staff members who exemplify these high standards on a regular basis.

GOAL

The goal of Sunshine Child Care is to provide the schools and families we serve with quality child care programs and developmentally appropriate activities in a safe, nurturing environment.

General Information



SUNSHINE
child programs

General Information:

EMPLOYEE ABSENCE PROCEDURES

If it is necessary for a counselor to be absent from work for any reason, the Main Office (954-236-8850) AND Site Assistant Director must be notified as soon as possible. If you are sick, please notify the office before 10:00am, but no later than two hours prior to the start of your work shift. Any absences that are not called in and are "No Shows", meaning you did not report to work and did not notify Sunshine, **WILL NOT BE TOLERATED!** If you miss work without calling, you will be asked to bring in proper documentation to the main office before you are able to return to work. If you have missed two or more days of work, it is required that you provide documentation to the main office before returning to work. Any other absence or vacation should be submitted two weeks prior to the absence and accompanied by the "Time-Off Request Form". Please make every effort not to be absent. The students in your care are depending on you! If for any reason you are going to be late, the Site Assistant Director must be notified as soon as possible. It should be noted that excessive absences and or tardiness can result in dismissal.

STAFF INJURIES

If a staff member is injured while performing his or her job responsibilities, it must be reported to the Site Assistant Director immediately. Proper forms must be completed **BEFORE** leaving the work site that day! In the event of an injury, or medical emergency, call 911 immediately.

AFTER CARE HOURS

Counselors are expected to report to work on time and stay until their scheduled time unless their Site Leader directs them differently. Counselors scheduled time may change due to student enrollment.

BEFORE SCHOOL CARE HOURS

A staff member supervises the students in the cafeteria or a classroom until the breakfast program begins in the cafeteria.

GOAL

The goal of Sunshine Child Care is to provide the schools and families we serve with quality child care programs and developmentally appropriate activities in a safe, nurturing environment.

General Information



SUNSHINE
child programs

General Information:

CALENDAR

A copy of the school year calendar for Before and After School Days, Early Release Days, Teacher Planning Days, Holidays, and Camps can be obtained at your school site or from your Area Coordinator.

TELEPHONE CALLS

Personal phone calls should neither be made nor received during work hours on personal cell phones or the After School Care Program phone line. Emergency phone calls should be made only at the Front Desk and are the only exception. **CELL PHONES ARE NOT TO BE IN YOUR POSSESSION DURING YOUR WORKING HOURS!!!** If you bring in your cell phone, it is to be turned off and placed in a locked area. Cell phones are a severe safety issue in the case of a bomb scare or emergency evacuation. You may give out the main office number (954) 236-8850 or your school site phone number as an emergency contact. Sunshine will make sure that you are located and notified immediately.

RADIO COMMUNICATION

For safety reasons, all counselors are required to carry a two-way radio at all times. Student dismissal is done using these radios. This is also the way counselors maintain communication with the Front Desk and the Site Assistant Director. **REMEMBER** that everyone can hear what you are saying. Please use discretion. Additionally, it is the responsibility of each counselor to check for low battery and conduct general maintenance of that radio. Students should not handle the radio for any reason. All radios are to be signed in and out each time of use.

FIRE DRILLS

Fire drills will be conducted monthly as required by the Broward Dept. of Children & Families. When the fire drill begins, everyone should exit the building using the designated evacuation map located in all classrooms and areas of the school. Counselors need to familiarize themselves with these maps and routes out of the building. Children are to file out of their area in a silent, single file line. Counselors will be notified when the fire drill is over. Counselors **MUST** supervise students at all times and properly manage their behavior and discipline.

INCREMENT WEATHER ALERT

A weather radio broadcast system is used to alert the Front Desk of increment weather warnings. The Site Assistant Directors will alert the Coordinator at the school and the Coordinator will determine the plan of action. Thunderstorms and tornado warnings are the most common and require all students and personnel to come into the building for safety reasons. Alternative student activities need to be in place for these times.

GOAL

The goal of Sunshine Child Care is to provide the schools and families we serve with quality child care programs and developmentally appropriate activities in a safe, nurturing environment.

General Information



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child programs

Counselor Responsibilities:

- Assist the program planning with arts, crafts, and etc...
- Supervise or facilitate activities or areas to provide appropriate experiences for children.
- Set and maintain appropriate standards for the children's behavior using non-punitive methods that teach self-discipline while supporting children's self esteem.
- Provide supervision of play areas and children's activities to ensure safety.
- Participate in evaluating activities and scheduling for children.
- Assist in procuring equipment and supplies for planned activities.
- Assume overall responsibilities for clean up of activities.
- Provide timely input on needed program supplies and materials.
- Maintain a cooperative relationship with all other staff members.
- Interact positively with all parents and refer questions and concerns to the on-site (child care) director and lead counselors.
- Perform and promote all activities in compliance with the equal employment and nondiscriminant policies of the School Board of Broward County and Sunshine After School Care.
- Participate successfully in the training program offered to increase the individual's skill and proficiency related to the assignment.
- Review current development, literature, and technical sources of information related to job responsibility.
- Ensure adherence to good safety procedures.
- Perform other duties as assigned by the on-site (child care) director and lead counselors.
- Follow Children and Family services, federal and state laws as well as School Board policies.

Goal to conduct the before and after school care on-site program so that it is a safe and enriching program for the participants.

counselor



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child programs

Safety Codes:

CODE RED: Full Lockdown (No movement in the building other than by police/fire officials and persons designated by them.)

CODE YELLOW: Lockdown (No movement in the building other than by CRT members and others specifically authorized.)

CODE ORANGE: Evacuation (All persons leave the building according to established routes or according to specific instructions provided by Command Post Coordinators. Turn off all fans, lights, etc..)

CODE BLACK: Bomb Threat (Turn off all walkie-talkies, cell phones, pagers, and radios immediately. Leave all fans, lights, etc... as they are, on or off. Use of the PA, bells and tones will be discontinued. Depending upon the situation, a bomb threat will be followed by either full lockdown, CRT activation, or evacuation.)

CODE BLUE: Call 911 (Including but not limited to asthma attack, broken bone, choking, fainting, seizure, severe chest pain, or severe laceration.)

Provide direct supervision of children.
Ensure safety and security of children at all times.
Ensure adherence to good safety procedures.
Monitor and enforce safe procedures for dismissal of all children by authorized family members/guardians.
Monitor all bathrooms.
Buddy System:
Child Going Home,
Restroom Trips

Safety



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Communication:

- Communicate effectively through walkie-talkie
- Report anything that may affect Sunshine, employees, students, main office, principals, or your school site to your Site Leader/Coordinator.
- Chain of Command: Counselor > Front Desk
> Site Leader > Site Coordinator > Area Coordinator > Corporate Office

Inside Voices

Special Helpers

Magic Boxes

Criss Cross

Apple Sauce

Sunshine Walk

attention grabbers



SUNSHINE
child programs

Student Behavior:

Helpful hints for effectively controlling your group:

- Be in your area when the children arrive. A pleasant greeting with each child or your group will set the tone. Learn children's names & use them.
- Think Ahead. Anticipate a problem.
- Do not over-react. Remember, you're the adult in the situation!
- Move around the classroom. Controlling groups from a seated position is IMPOSSIBLE!
- Walk to an offender, speak firmly, but quietly. The closer, the more effective. NEVER, EVER TOUCH A STUDENT!
- Keep your eyes moving. A "look" can say as much as a word.
- Rotate activities so that students are not seated and quiet for a long period of time.
- A group can be brought under control after an active experience by: reading a quiet poem, reading a short story, or playing a soothing record.
- Use positive reinforcement to improve behavior.
- Give children choices whenever possible.
- Referral to the Site Director, for the most part, is the last resort, not the first. One talk with the Site Director for kindergarten & first grade will sometimes be effective. Once a counselor has abdicated authority, it is lost for good.
- Avoid threats that cannot be carried out.
- Be sure punishment fits the infraction.
- Avoid verbal battles. Put a period at the end of your directive.

student behavior



SUNSHINE
child programs

Drug Free Workplace Policy:

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, we have established a Drug Free Workplace Policy for our Company. This policy is implemented pursuant to the Drug Free Workplace Program requirements under Florida Statute 440.102 and proposed rules of the Department of Labor and Employment Security, Division of Workers' Compensation.

The essential parts of this policy are:

1. Our Company prohibits the illegal use, possession, sale, manufacture or distribution of drugs, alcohol or other controlled substances on its property. It is also against company policy to report to work under the influence of drugs or alcohol.
2. Drug testing of applicants.
 - All applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process.
 - Applicants will be asked to sign the consent to pre-employment form. If an applicant refuses he/she will not be considered for employment and the employment application will be terminated.
 - If an applicant's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he/she has failed to meet employment standards
3. Testing of Employees:
 - Reasonable Suspicion Testing: employees will be tested when there is a reasonable suspicion that an employee is using or has used drugs.
 - Routine Fitness for Duty Testing: employees will be drug tested if the test is conducted as part of the routinely scheduled employee fitness for duty medical examination.
 - Random Testing: all employees will be randomly tested by the Company throughout the year.

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a drug free
environment.

drug free



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child programs

Drug Free Workplace Policy:

4. Disciplinary Action:

- In case of a first time violation of the company's policy, including a positive drug or alcohol test result (without evidence of sale, possession, distribution, dispensation or purchase of drugs or alcohol on company property or while on duty), the employee will be subject to discipline up to and including discharge.
- The company may suspend employees without pay under this policy pending the results of a drug test or investigation.

5. All information, interviews, reports, statements, memoranda and drug testing results, written or otherwise, received by the Company as part of this drug testing program are confidential communications. Unless authorized by State Laws, rules and regulations, the company will not release such information without written consent form signed voluntarily by the person tested.

6. Attached you will find a list of the most common medications by brand name or common name which may alter or affect a drug test.

7. Any applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.

8. Any employee who refuses to submit to a drug test may be terminated from employment or otherwise disciplined by the employer. An injured employee who refuses to submit to a drug test or has a positive confirmation test, in addition to the above, forfeits his eligibility for all worker's compensation medical and indemnity benefits.

9. A job applicant or employee who receives a positive confirmed drug test may contest or explain the result to the employer within five days after written notification of the positive test result. If a job applicants' or an employee's explanation or challenge is unsatisfactory to the employer, the person may contest the test results.

10. A job applicant or employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought pursuant to chapter 440, Florida Statutes, the lab will maintain the sample until the case or administrative appeal is settled.

11. Job applicants and employees have the right to consult the testing laboratory for technical information regarding prescription and non-prescription drugs.

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Drug Free



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Drug Free Workplace Policy:

12. Details of this policy may be obtained from the Human Resource Department.

13. The contents of these drug and alcohol guidelines are presented as statements of the company's current policy and may be changed and updated by the company. These guidelines are not intended to create a contract between the company and the employee. Nothing in these guidelines binds the company to any specific or definite period of employment or to any specific policies, procedures, actions, rules or terms and conditions of employment.

14. As a condition of employment, employees are required to abide by these guidelines.

15. The following is a list of drugs (described by brand name, and/or chemical name) for which the employer may test:

Alcohol:	Booze/drink and all liquid medications containing ethyl alcohol (ethanol). Please read the label for alcoholic content, ie., Vick's Nyquil is 25% (50%) ethyl alcohol. Listerine is 26.9 & 54 proof.
Amphetamines:	Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex
Cannabinoids:	Marijuana, Hashish, Hash, Joint, Roach, Spleaf, ganja, grass, weed, reefer, Dronabinol THC
Cocaine:	Coke, Blow, Nose Candy, Snow, Crack, Rock Cocaine HCL Topical Solution (Roxanne)
Phencyclidine:	PCP, Angel Dust, Hog- not legal by prescription
Methaqualone:	Not legal by prescription- quaaludes illegally manufactured
Opiates:	Opium, Dover's Powder, Paregoric, Parapectolin, Paregoric, Parepectolin, Donnaged PG, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with codeine, Robitussin AC, Novahistine DH, Novahistine Expectorant, Roxanol, Percodan, Vicodin.
Barbiturates:	Penobarbital Tulnal, Amytal, Nembutal, Seconal, Lotusate, Florinal, Floricet
Benzp diazepine:	Ativan, Azene, donopin, Dalmane, Diazepam, Librium, Xanax, Valium, Verstran, Halcyon, Paxipam, Restoril, Centrax
Methadone:	Dolphine, Methadose
Propoxyphene:	Davocet, Darvon N, Dolene

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environment

drug free



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Employee Educational Handbook:



*Substance Abuse
Management Programs*

PO Box 163821, Miami, FL 33116

Phone: (305) 273-7085

Fax: (305) 412-9710

What everyone
should
know about
substance abuse.

substance abuse handbook



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Employee Educational Handbook:

WHAT IS SUBSTANCE ABUSE?

It's the harmful or dangerous use of alcohol or drugs.

IT AFFECTS ALL TYPES OF WORKERS

Male and female; young and old, production workers, executives, supervisors, clerical workers, maintenance, personnel. Anyone can have a problem with substance abuse!

IT CAN BE PREVENTED OR TREATED

Professionals can treat the problems that exist now. Together we can prevent problems from occurring in the future.

PUTTING ON A MASK TO THE REAL WORLD IS A MISTAKE

Alcohol and drugs may give the illusion of freeing you from the fears, responsibilities, and petty hassles of everyday life. And on a rare occasion this little bit of relief might be OK!, but as a steady diet it can destroy you physically and mentally.

When you must dull your mind in order to cope with life, there are usually big problems you are not facing, such as:

- Family problems
- Low self-esteem
- Financial worries
- Feelings of inadequacy

What everyone
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know about
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substance abuse handbook



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Employee Educational Handbook:

WHO'S IN CONTROL?

Many of us enjoy an occasional social drink or take legal drugs under a doctor's supervision. That's OK as long as we don't overdo it and it doesn't consume us.

Different people handle alcohol in different ways. But it isn't necessarily how much you drink, it's what happens when you drink, and how it affects your life and those around you.

DRUG ABUSE CAUSES ADDED PROBLEMS

Besides harming your body and mind, most abused drugs are illegal. Buying and using them could result in arrest, fines or even jail! The typical reasons presented for taking the express train to utopia with drugs are:

- It helps me relax
- It heightens the senses
- It expands the mind
- It makes me feel confident

The truth is, as you'll find out later in this booklet, you can achieve these same feelings naturally without destroying your body or life. And a "natural high" is legal. Hiding behind drugs or alcohol could lead to the biggest problems of your life.

EVERYONE PAYS FOR SUBSTANCE ABUSE AT WORK!

The costs are more than economic for:

THE ABUSERS

Often they have legal and health problems, conflicts at home, accidents on and off the job.

THEIR FAMILIES

Substance abuse is a major factor in half of all divorces, and it contributes to domestic violence, child abuse and sexual abuse.

OTHER WORKERS

Working with substance abusers can be unpleasant and dangerous. Their work habits can affect fellow employee's safety, efficiency, satisfaction and enjoyment.

What everyone
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substance abuse handbook



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Employee Educational Handbook:

EMPLOYERS

Substance abuse affects safety production, attitude and much more.

FACT: If you are not part of the solution to the problem, you may be part of the problem itself.

Do your part to fight it. Learn more!

SUBSTANCE ABUSE DESTROYS WORK PERFORMANCE

Don't let anybody kid you....and do not kid yourself! Alcohol and other drugs interfere with the basics of doing a good job. Substance abuse affects:

PRODUCTIVITY

Missed work days, poor motivation and efficiency all combine to reduce the amount of work completed

COOPERATION WITH OTHERS

People working together make life more pleasant and productive. Substance abuse destroys a cooperative spirit.

MOTIVATION

Most workers want to do a good job. An abuser cares less about the job and more about getting and staying "high".

QUALITY OF WORK

Impaired skills and a bad attitude combine to make poor quality work "good enough" for some workers.

CONCENTRATION AND JUDGEMENT

All jobs require concentration and careful decision making. Alcohol and other drugs interfere with both actions.

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Employee Educational Handbook:

Employee/subcontractor THEFT

An alcohol or drug habit can make severe financial demands on people and may prompt them to steal from work and fellow employee subcontractors.

FACT: Your safety - and perhaps even your life - could be threatened by co-workers using drugs and alcohol.

IT TAKES MORE THAN WILL POWER TO HANDLE SUBSTANCE ABUSE

Addiction can make you crave things that the logical part of the mind doesn't have control over. Simply defined, an addiction means to give yourself over to a habit. There is some debate about whether certain drugs are physically addictive. But the simple fact is - if you have to spend the major portion of your week:

- Planning on getting high or drunk
- Getting the money to buy the drugs and alcohol
- Making arrangements to buy the drugs or alcohol
- Worrying about buying the drugs without getting caught or arrested

You are chasing something that's destroying you. It doesn't really matter what the technical definition of addiction is - you know all too well what it means!

THE MOST ABUSED SUBSTANCES AND THEIR EFFECTS ARE: ALCOHOL

Alcohol is a legal, socially acceptable, and inexpensive substance to use. Because it's an accepted part of many occasions, it's hard to recognize when you cross the invisible line from social drinking to problem drinking.

The following checklist may help you determine if you have a drinking problem: Do you...

- Lose time from work due to drinking?
- Want to drink in the morning?

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Employee Educational Handbook:

- Have trouble sleeping?
- Drink to feel more confident or outgoing?
- Feel easily frustrated?
- Find you are over anxious or oversensitive?
- Blame others for your problems?
- Drink alone?
- Let family or job responsibilities slide?
- Forget what happened when you were drinking?

If you drink regularly, answering "YES" to any of these questions could indicate that you have a drinking problem.

ADMITTING THAT YOU HAVE A PROBLEM IS THE FIRST STEP
The best place to start solving it is in Alcoholics Anonymous. An AA group is as close as your phone book.

COCAINE

Cocaine gives a temporary feeling of being almost superhuman. The truth - and the drug hides it well - is that cocaine overconfidence ruins your judgement and hurts job performance.

The craving for cocaine keeps growing. The more cocaine you use, the more cocaine you want, and the less you want anything else.

The cost of cocaine is so high that it's not unusual for one to end up stealing from employers, family or friends to pay for the drug or the other bills that the habit has left unpaid.

THE HEALTH RISK OF COCAINE USERS IS:

- It replaces food and sleep, draining your body and mind
- It breaks down nasal membranes
- It lowers resistance to illness

This "recreational drug" is no joyride. It's more like a frightening ride down a dark tunnel... and many do not make it to the end. You can break this habit. Call the national hot line... (800) COCAINE or your local drug hot line for help.

MARIJUANA

Marijuana smokers claim that marijuana is harmless. They say they smoke it to be relaxed and feel happy.

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No one can honestly believe that inhaling smoke into the lungs is harmless, and besides being illegal, marijuana creates other problems:

- Your physical reflexes slow down
- Your mental powers diminish
- It makes you forgetful
- Everything seems unimportant
- You lose interest in sex
- You lose track of time
- It throws off space and distance judgment
- In general, your chances of causing serious accidents and injuries increase dramatically
- It increases your chances of getting lung cancer

MARIJUANA puts a dense screen between you and the real world. Learn to relax without this crutch. It's easier and more satisfying than YOU think.

AMPHETAMINES (Speed and/or Uppers)

These are used by some persons who want to stay awake for a long project, a party, or driving long distances. It may feel like they give you stamina and drive, but they also cause you to:

- Rush around wildly
- Push beyond your physical capacity
- Make careless mistakes

AMPHETAMINES are addictive - the more you take, the more you need to get "UP". Avoid big problems and stay away from these drugs in the first place.

SEDATIVES (Downers)

Tranquilizers, barbiturates, sleeping pills, and pain killers are sedatives. These drugs provide legitimate short-term relief stress, depression, sleeplessness, and severe pain. They are so common that some people take these powerful drugs for granted and use them in an abusive and casual manner.

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These drugs:

- Make your mind and reflexes operate slowly
- Numb all emotions
- Are addictive; you need more and more to get the same effect

If you can't face the day without "uppers" or "downers", seek help from your doctor or a drug counselor.

DEPEND ON YOURSELF - NOT THE DRUGS

HEROIN (Junk)

Some people think heroin is not addictive if you don't use a needle or if you only use it sometimes.

HEROIN is always addictive. It makes you uninterested and eventually, unable to do anything else. The time between fixes gets shorter and shorter and you get sicker. Jobs, families, and friends fade into the background. Some other dangers of using heroin are:

- Using it is illegal
- Becoming a thief to support the habit
- Getting hepatitis or AIDS from dirty needles
- Neglecting your health and getting sick
- Overdosing and dying

But you can overcome heroin addiction. Call your local hospital or drug abuse hotline for help. Get a referral to a specialized treatment center that will guide and support you while you beat your addiction - and start rebuilding your life.

OTHER DRUGS

Such as PCP, LSD, heroin, mescaline and morphine have a wide variety of negative health effects from hallucinations and mental confusion to convulsions and death.

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COMBINATIONS OF DRUGS

Make physical and mental effects unpredictable and often much more severe than if the same drugs were taken separately. Combining alcohol with depressants, cocaine, or marijuana can be especially dangerous.

IT'S A LOSING PROPOSITION FOR EVERYONE!

SUBSTANCE ABUSERS face loss of:

- Wages and salary from sick days or suspension
- Raises and promotions due to poor work

If substance abuse continues, the worker may lose his or her job entirely!

EMPLOYERS face loss of:

- Production and service from each worker
- Business and good will from dissatisfied customers
- Billions of dollars from accidents, sick days, insurance costs, poor productivity and theft

OTHER Employee/subcontractor lose:

- Pay raises
- Increased benefits
- Profit-sharing payments
- Job security

SUBSTANCE ABUSE KILLS PRODUCTIVITY WHICH HURTS BUSINESS!

HELP FIGHT THE COSTLY EFFECTS OF SUBSTANCE ABUSE! HERE'S HOW..... HELP IS THERE FOR THE ASKING!

It's never too late or too soon to change a substance abuse problem. If you suspect that you have a problem, don't think that it will go away if you ignore it. **IT WILL ONLY GET WORSE!**

The first thing you must do is accept the fact that abusing drugs or alcohol is like playing with fire - it can, and does, destroy the lives of people just like you, every day.

ONE WAY TO BREAK YOUR BAD HABIT IS TO TRY GETTING "HIGH" NATURALLY!

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Sure, it may sound corny, but it really does work. Try it for a few weeks. You just might change your life. If you want to:

- *Relax* Watch a beautiful sunset, meditate, listen to calm music, do deep breathing exercises
- *Heighten senses* Do vigorous exercise, such as running or swimming. Or take a hike with a friend.
- *Expand your mind* Learn something new. Take a night school course.
- *Feel more confident* Practice martial arts. Do things that you know you do well.

If you push yourself to the limit and beyond in the pursuit of "natural highs", you'll grow and expand to become more than you ever dreamed you could be. But pushing yourself to the limit with drugs and alcohol will only destroy all that you hope to be.

Talk to a close friend about your problem. If your friends keep telling you that you have a problem, listen to them and take a good look at yourself. Sometimes it is not easy to see ourselves clearly.

YOUR EMPLOYER WANTS TO HELP YOU

Many companies have Employee/Subcontractor Assistance Programs (EAP's) that refer you to professionals and groups to help with your problem. They also provide information about insurance coverage for treatment. These programs are voluntary and confidential.

No one can make you go or hold you back against you. Your company realizes that anyone who is willing to seek help deserves the company's support.

Another source for help is your phone book.

- Human services
- Social services organizations
- Health organizations
- Mental health organizations

You'll find listings for help with alcohol, cocaine or drugs in the white pages. You can also try:

- The INFO or HELP line
- Your doctor
- Hospital
- Your clergyman

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Employee Educational Handbook:

If you're ready to deal with your problems, a lot of people are ready to help.

YOU ARE NOT ALONE WITH YOUR PROBLEM

A lot of people could be affected if you have a substance abuse problem:

- Family • Employer • Co-workers • Friends

And they all would jump at the chance to help you overcome it. No one sets out to become an alcohol or drug abuser. It just kind of sneaks up on you. Once you suspect you have a problem, all you have to do is utter one little four-letter word (HELP). You'll be happily surprised at how many concerned people will come to your aid.

**TAKE ADVANTAGE OF THE HELP THAT'S AVAILABLE
BEATING SUBSTANCE ABUSE IS NOT EASY - BUT YOU DO
NOT HAVE TO DO IT ALONE! GET THE HELP YOU NEED!**

It's a chance to:

- Stop substance abuse before it controls your life
- Start using your talents effectively at work
- Protect your health and safety
- Restore relationships with your family and friends

ENCOURAGE OTHERS TO GET HELP!

**SINCE SUBSTANCE ABUSE HARMS EVERYONE,
JOIN WITH OTHERS TO OPPOSE IT!
ENCOURAGE THOSE WHO NEED HELP TO GET
IT, AT WORK OR IN THE COMMUNITY.**

**ONE OF THE MOST EFFECTIVE WAYS TO FIGHT SUBSTANCE
ABUSE AT WORK IS FOR EMPLOYEE/SUBCONTRACTOR TO
UNITE AGAINST IT. MAKE IT CLEAR THAT ALCOHOL OR
DRUG USE ON THE JOB IS ABSOLUTELY UNACCEPTABLE.**

LEARN MORE..

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Where to get help:

HERE ARE SOME SOURCES YOU CAN CONTACT FOR ADVICE AND/OR COUNSELING, IF YOU OR A FRIEND NEED HELP.

ALCOHOLICS ANONYMOUS

BROWARD: (954) 462-0265

DADE: (305) 887-6782

PALM BEACH: (305) 887-8800

NARCOTICS ANONYMOUS

BROWARD: (954) 662-0280

PALM BEACH: (407) 848-6262

NATIONAL INSTITUTE OF DRUG ABUSE HOTLINE

(800) 662-HELP

NATIONAL COCAINE HOTLINE

(800) COCAINE

MENTAL HEALTH CENTER/HENDERSON CLINIC

(305) 791-4300

SOCIAL SERVICE AGENCY / Broward Addiction and Recovery Center/BARC:

(305) 831-1580

THE STARTING PLACE

(305) 925-2225

DRUG REFERRAL SERVICE AND SUPPORT GROUPS

1.-ALCOHOL HOTLINE

1-(800)-ALCOHOL

24 referral lines for information on programs designed for the alcoholic or drug abuser.

2.- COCAINE HELPLINE

1-800-COCAINE

Staff provides information on drugs and referral for those seeking aid in overcoming drug addiction.

3.- NARCOTICS ANONYMOUS

(818) 780-3951

Nonprofit organization patterned after AA. Has 14,000 registered fellowship groups in 42 countries.

4.- NIDA DRUG TREATMENT AND REFERRAL HOTLINE

1-800-662-4357

Confidential information on treatment, self help and support programs for drug users

Here are
some sources
you can
contact if
you or
your friend
needs help.

Help Contact Sheet



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Employment Acknowledgement Agreement:

I hereby acknowledge that I have received a 60 day notification from Sunshine After School Child Care, Inc. regarding their drug free workplace program and was given a drug free workplace handbook, which includes a summary of the company policy, employees assistance information, listing of drugs being tested for, common over the counter medication which may alter a drug test and educational material on drug abuse.

I freely and voluntarily agree and realize as part of my employment I may be subjected to future drug test for reasonable suspicion and/or random testing at the company's discretion. I understand that refusal to submit to urinalysis screen or failure to qualify according to the minimum standards established by the company for this screening may disqualify me from further employment.

I agree to voluntarily submit to a urinalysis screen for drugs and/ or a breath alcohol test as part of my ongoing employment, and I release my employer from any liability resulting from my participation in such a screening.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs or refuse to test I will forfeit my eligibility for medical and indemnity benefits under Florida's workers compensation law. I also understand that failing to comply with a request for random testing or receiving a positive test result might lead to termination of my employment, without pay.

I hereby give my consent to release the results of my drug screen (test) to the person(s) or department(s) or the specified agent of my employer for the purpose of determining the presence of alcohol and/or other drugs in my body this includes CNC and Associates, inc. delegated medical review officer.

I hereby acknowledge that I have read a copy of over-the- counter and prescription medication which can affect the results of a drug or alcohol test.

Employee signature _____ Print name _____ Date _____

Witness signature _____ Print name _____ Date _____

Employment Acknowledgement Agreement



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**Consequences for a positive confirmed
drug and/or alcohol screen:**

SUNSHINE AFTER SCHOOL CHILD CARE, INC. hereby states its policy relating to those employees who test positive on a drug and/or alcohol screen to be as follows:

This company has decided to have a zero tolerance drug free workplace policy any employee who tests positive on a drug and/or alcohol screen will be terminated immediately.

If an employee refuses to take a periodic, random, post-accident or reasonable suspicion drug and/or alcohol screen. He/she will be terminated from employment immediately.

EMPLOYEE SIGNATURE:

WITNESS SIGNATURE:

Employment Agreement



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child programs

Employment Acknowledgement Agreement:

I, _____, acknowledge receipt of SUNSHINE AFTER SCHOOL CHILDCARE, INC. employee's handbook covering employee awareness topics in the areas of Drug and Alcohol Testing.

- Introduction
- General knowledge
- Over the counter drugs
- What tests are required and when will I be tested?
 - Pre-employment
 - Post-accident
 - Random
 - Reasonable suspicion
 - Return to duty
 - Follow up
- What happens if I refuse to be tested?
- Where can I go for help?
- What are the effects of Alcohol and Drugs on the body?

I also received a summary of the Company's Florida Drug Free Workplace Policy.

Employee's Signature

Print Name

Date

Supervisor's Signature

Print Name

Date

Employment Agreement



SUNSHINE
child programs

Dress Code Policy:

Our company prides itself on being a step above other private childcare providers by striving to provide the highest quality childcare available in all of our programs. In order to insure that our employees present a positive image at all times, we feel it is necessary to incorporate a mandatory dress code policy.

Sunshine will continue to provide 2 Sunshine staff shirts for all of our staff. Shorts, pants, and sneakers are to be the responsibility of each employee. All clothing apparel is to be clean and worn correctly. Additional Sunshine shirts may be purchased.

Site-Director

Sunshine polo shirt
Black pants or shorts
Jean shorts or pants
Sneakers and socks

Front Desk Assistance and Counselors

Sunshine navy blue shirt
Khaki shorts or pants
Jean shorts or pants
Sneakers and socks

All staff is expected to wear their lanyard and identification badge everyday. Shorts and pants may not be baggy or worn below the waist. No excess jewelry, facial piercing or visible tattoos are permitted during work hours.

When our staff arrives at the school site it is expected that each and every employee will represent our company beyond reproach. Parents and school staff are always watching, and we want them to see that Sunshine Child Care staff is dressed for success, are well spoken (no slang please), and model leadership for our students at all times.

Upon arriving on the school campus, please be sure that you park in the designated areas, that your car radio is not blasting, and that you enter the school through the cafeteria, not the main hallway.

I have read and understand that I must adhere to the mandatory dress code policy with my employment at Sunshine Child Care.

Employee Signature

Date

-94-

Our company
prides itself on
being a step
above other
private
childcare
providers.

Dress Code Policy



SUNSHINE
child programs

Disciplinary Action & Termination Policy:

Upon notification that an employee has failed to adhere to the Policies and Procedures set forth by Sunshine Child Care, the following disciplinary actions will be implemented. The nature of the offense will determine the order of the disciplinary action to be taken.

FIRST OFFENSE: The first time you fail to follow any of the policies and procedures set forth by Sunshine Child Care, you will receive both a verbal and written warning.

SECOND OFFENSE: Upon notification of a second offense, you will receive written notification that you are being placed on probation and that your employment with Sunshine is in jeopardy. You will also be restricted from working in the following programs for a period of six (6) months: No School Days, Spring Camp, Summer Camp and any other activities sponsored by Sunshine.

THIRD OFFENSE: Should a third offense occur, your employment with Sunshine Child Care will be terminated immediately.

If an employee commits a serious offense, such as inappropriate touching or hurting a child, willful neglect of supervisory duties causing serious safety concerns, or the use of profanity or hostile actions, Sunshine reserves the right to immediately dismiss the employee without the use of the following progressive disciplinary action steps.

I have read and understand the above Disciplinary Policy and agree to uphold the policies and procedures and terms of my employment with Sunshine Child Care.

Print Full Name Employee's Signature Date

Disciplinary Policy



SUNSHINE
child programs

Sexual Harassment Policy:

After you have reviewed this sexual harassment policy, please initial the bottom of each page of this employee acknowledgement form, sign and date this form where indicated, and return it to the human resources department.

Sexual and Other Harassment

Effective Date: June 5, 2004

SUNSHINE CHILD CARE (the "EMPLOYER") is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristics will not be tolerated.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters
- Verbal conduct that includes making or using derogatory comments, epithets, slurs or jokes
- Verbal sexual advances or propositions
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes or invitations
- Physical conduct that includes touching, assaulting, or impeding or blocking movements

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

If you experience or witness sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the President and/or Site Administrator or Human Resources Department or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the extent possible, your confidentiality and that of any witness and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, you will be informed of the outcome of the investigation.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately advise the Human Resources Department or any member of management so it can be investigated in a timely and confidential manner. Anyone engaging in sexual or unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

Print Name

Signature

Date

9/11

Sexual Harassment



SUNSHINE
child programs

Child Discipline Policy:

I, _____, as employed as a child care professional for Sunshine Child Care shall adhere to the following...

- Children shall not be subjected to discipline that is severe, humiliating, or frightening.
- No cruel, harsh, physical, or unusual punishments shall be permitted.
- No child shall be delegated or permitted to be discipline by another child.
- No physical restraints, equipment, devices, or furniture shall be used to confine a child, including, without limitation, swings, walkers and spinners.
- No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse.
- No child shall be punished by withholding food, rest, or use of the toilet.
- No child shall be punished for failure to eat, sleep, or for toileting accidents.
- No physical punishment shall be used, such as, but not limited to, spanking, hitting, striking, biting, or pinching.
- No child shall be threatened with any punishment that is prohibited by this paragraph.

Employee's Signature

Print Name

Date

Discipline Policy



HUMAN SERVICES DEPARTMENT- Children's Services Administration Division
Child Care Licensing & Enforcement
2995 N Dixie Highway, Ft Lauderdale, FL, 33334
(954) 537-2800 Fax (954) 537-2922

AIDS AND HIV INFECTION TRAINING

This statement is to verify that on (Date) _____ (Name of Employee) _____ read the manual, "A Staff Manual about Aids and HIV Infection for Child Care Centers".

Signature of Employee

Signature of Operator

Broward County Board of County Commissioners

cephus Eggebeton, Jr * Ben Graber * Sue Gunzburger * Kristin D Jacobs * Rene Lieberman * Lori Nance Parrish * John E Rodstrom * James A Scott * Diana Wasserman-Rubin
www.broward.org/children

98-

30



Governor
Edward A. Feaver
Secretary

CHILD ABUSE AND NEGLECT TRAINING

This statement is to verify that on (Date) _____ (Name of Employee) _____ read the child abuse pamphlet "Child Abuse and Neglect in Florida, A Guide for the Professionals".

Signature of Employee

Signature of Operator

DISTRICT TEN
201 W Broward Boulevard, Ft Lauderdale, FL 33301

Working in partnership with local communities to help people be self sufficient and live in stable families and communities.



SUNSHINE
child programs

No Accident Certification Record:

Employer: _____

Location/Department: _____

For Period: _____ through _____

Initial One:

_____ I have not been injured in the course of my employment during the period indicated above.

_____ I did not suffer an injury to my _____ in the course of my employment during the period indicated above. If not previously reported to my employer, this form constitutes official notice to my employer that I had this injury in the course of my employment.

_____ I (please print applicable response- have or have not) _____ witnessed an accident resulting in injury to someone else. (If you have, please provide name of the person injured)

IMPORTANT NOTICE

FLORIDA LAW REQUIRES AN EMPLOYER TO PAY AN EMPLOYEE WAGES EARNED BY THE EMPLOYEE WITHOUT IMPOSING ANY ADDITIONAL CONDITIONS SUCH AS SIGNING THIS FORM. NO EMPLOYEES SHALL BE REQUIRED TO FILL OUT THIS FORM IN ORDER TO RECEIVE HIS OR HER WAGES.

THIS REPORT IS FOR INJURY REPORTING PURPOSES ONLY.
I hereby certify that I have signed this form freely and voluntarily for reporting purposes only.

Employee Signature _____ Date _____

Witness' Signature _____ Date _____

Employment Agreement



SUNSHINE
child programs

Staff Handbook:

I, _____, have read the Staff Handbook and understand that I am to abide by the contents, its rules, regulations, and information.

Employee Signature

Print Name

Date

Witness Signature

Print Name

Date

Staff Handbook



SUNSHINE
child programs

Identification Badge Contract:

·Employee will be notified to pick up their badge form and take their picture at the Nova Extension Office.

·Employees will have until the next working day to get their badge.

·Employee must pick up paperwork at the Sunshine corporate office.

·Employee goes across the street to have their badge made by the school board.

Address: McFatter Technical Center
6500 Nova Dr, Building 13, Room 850

Phone: 754- 321-5700

Hours:	Monday	11:15 am - 6:30 pm
	Tuesday & Thursday	8:15 am - 11:30 pm
	Wednesday & Friday	8:15 am - 3:30 pm

·Employee returns to corporate office (same day), Sunshine staff makes a copy of badge and receipt.

·If employee does not get their vendor badge on the date assigned they will not be able to return to work on the next working day.

I have read and understand the above information:

Employee signature

Print name

Date

Badge Contract



SUNSHINE
child programs

Sunshine Non-school Day/Camps Time-off Policy

Attention Sunshine Employee:

Please be advised that you are expected to work during all non-school day camp programs. Non-school days are NOT considered employee time off. *During Teacher Planning Day's, Summer Camp, Spring Camp, and Winter Camp, you are expected to work.*

During the Summer Camp months, no more than one-week of vacation time will be approved by administration. Please remember, that all time off requests **MUST** be turned in two weeks prior to the dates you are requesting off.

Any unexcused absences will result in one of the following: a disciplinary write up, staff probation, staff suspension, and / or possible termination of your employment with Sunshine.

I have read and acknowledge the above **Camp Sunshine Work Policy**. I also acknowledge the consequences for not following these procedures.

PRINT NAME

SIGNATURE

DATE

Camp Time off



SUNSHINE
child programs

Sunshine Time-off Request Policy

Due to the overwhelming increase in staff calling out of work, coming in tardy, and requesting time off, we would like to explain Sunshine's "Time Off Request Policy" regarding these issues.

Effective January 17th, 2006, no employee will be excused from work for any reason unless there is a death in the family, medical emergency / procedure, or has received a written approval from the corporate office for time off! If you are sick, you MUST call your absence in by 10:00am to the corporate office.

In the case of a death in the family or medical emergency / procedure, you must provide the proper documentation to substantiate these claims. If you are requesting vacation days, you must fill out the Time Off Request Form two weeks in advance and receive approval from Management.

Time off will not be approved for doctor appointment's or school activities. All appointments should be made before your scheduled work time or on the weekend's. There will be no exceptions to this policy. Your work day does not begin until late afternoon and we expect you to take care of any necessary business or appointments you may have in the morning.

Having unexcused absences will result in a disciplinary write up, staff probation, staff suspension, and possible termination of employment.

I have read and acknowledge the above Sunshine **Time Off Request Policy** and the required procedures to have an excused absence. I also acknowledge the consequences for not following these procedures.

PRINT NAME

SIGNATURE

DATE

Time off request



SUNSHINE
child programs

Walkie-Talkie Policy

You will be held responsible for the walkie-talkie that you sign in and out each day. If the walkie-talkie is lost or damaged, you will be charged for any abnormal damages caused to the radio. We understand that normal wear and tear to the walkie-talkie is inevitable, but it is expected that you will report unusual damages to your Site Leader or Front Desk Staff as soon as possible. Thank you for your cooperation and understanding.

I acknowledge receipt of this letter and understand that I am responsible for the Walkie-Talkie radio that I sign in and out each day.

PRINT NAME

SIGNATURE

DATE

Walkie-Talkie Policy



SUNSHINE
child programs

Fingerprinting Policy

Due to the recent implementation of the Jessica Lunsford Act, 1012.465, F.S. the Broward County School Board is reinforcing their district security procedures and is now requiring Private Providers to adopt additional security clearance for all child care employees.

Effective October 13, 2005, every new Sunshine employee must go to the Children's Licensing Department and pay the \$32.00 to be fingerprinted and have a FBI background check done before you can *begin* to work. Once we receive your Level I Clearance Letter, you will be able to begin to work in our after school care programs in the Broward County Schools.

Once Sunshine has received your Level I Clearance from the Children's Licensing Department, we will then send you to Mc Fatter Technical Center to have a Level II clearance completed by the School Board of Broward County. *Sunshine will be paying the \$75.00 cost for this Level II clearance which includes your Vendor Badge.*

If you should decide to leave Sunshine within the first 90 days of employment, you will be held accountable for paying the \$75.00 back to Sunshine. We will either automatically deduct it from your last pay check, or you will be expected to provide us with a reimbursement check for \$75.00 within 7 days.

I agree and acknowledge the above Sunshine Employment Policy and the required procedures to receive my Level I Child Care Licensing Clearance, and the Level II School Board Clearance in order to be gainfully employed by Sunshine Child Care. I also agree to reimburse Sunshine fully the \$75.00 should I decide to terminate my employment within the first 90 days.

PRINT NAME

SIGNATURE

DATE

Fingerprinting



SUNSHINE
child programs

AFTER SCHOOL DAYCARE PROGRAM HOURS

School Days: 2:00 pm to 6:00 pm

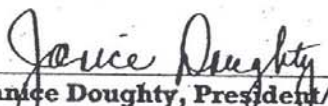
Early Release Days: 12:00 noon to 6:00 pm

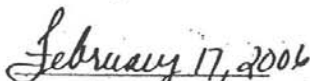
Non-School Day Programs: 7:00 am to 6:00 pm

Summer Camp: 7:00 am to 6:00 pm

If there is a need in the community, Sunshine would be willing to stay open until 7:00 pm for an additional hourly charge of \$3 per student.

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

Form W-9
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
SUNSHINE AFTER SCHOOL CHILD CARE, INC.

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other **NON PROFIT** ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
7901 S.W. 36TH STREET STE 202

City, state, and ZIP code
DAVIE, FL 33328

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
65-0978444

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Janine Doughty

Date **09/09/2005**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

**Town of Davie
Vendor/Bidder Disclosure**

I, Janice Doughty, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:

Sunshine After School Child Care
Inc.

Address:

7901 S.W. 36 Street Suite 200

Davie, Florida 33328

FEIN

65-0978444

State and date of incorporation

Florida Nov. 24, 1999

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>Janice Doughty</u>	<u>7901 SW 36 St, Suite 200</u>	<u>100</u> %
<u>(President/CEO)</u>	<u>Davie, Florida 33328</u>	%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name

Address

By: Janice Doughty
Signature of Affiant

Date: Feb. 8, 2006

Janice Doughty
Print Name

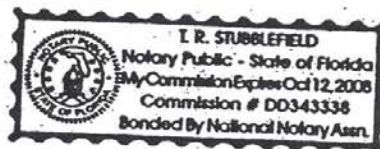
SUBSCRIBED AND SWORN TO or affirmed before me this 8 day of
Feb. 2006, by Janice Doughty, he/she is
personally known to me or has presented _____ as
identification.

T.R. Stubblefield
Notary Public, State of Florida at Large

T.R. Stubblefield
Print or Stamp of Notary

Serial Number _____

My Commission Expires : _____



BIDDER'S MAILING LIST APPLICATION

TOWN OF DAVIE
PURCHASING DIVISION
6591 ORANGE DRIVE
DAVIE, FL 33314
954-797-1015

Company Name: Sunshine Child Care
Address: 7901 S.W. 36th Street Suite 200
Davie, Florida 33328
Phone No: (954) 236-8850 Fax No. (954) 236-4410
Contact Person: Colleen Gulla-Arendt Title: Executive Director
Town Of Davie Occupational License Number: 377-0011371

The Town will endeavor to include all eligible vendors on a direct mailing for all bids which pertain to the commodities or services which you have indicated interest in. However, completion of this form does not in any way guarantee that you will receive such mailing. The Town advertises all bids in the classified section of the New Sun Sentinel. All bidders are encouraged to review this section frequently.

Circle the commodity (and sub-commodity) on the attached pages which you are qualified to bid. Bidders are limited to three (3) sections. Please select the categories which relate directly to your business. If you cannot find a category that applies to your business, please write it in on the bottom of the last page.

CERTIFICATION

I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICER, SO FAR AS IS KNOWN, IS NOW DISBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY PUBLIC AGENCY FROM BIDDING FOR FURNISHING MATERIALS, SUPPLIES OR SERVICES TO ANY AGENCY THEREOF. I ALSO UNDERSTAND THAT ALL CONTACTS WITH THE TOWN OF DAVIE ARE TO BE MADE SOLELY THROUGH THE PURCHASING DIVISION UNLESS OTHERWISE DIRECTED BY THE PURCHASING DIVISION. FOR ADDITIONAL INFORMATION PLEASE CALL (954) 797-1015.

Janice Douglas
Signature of Person Authorized to Sign Bids, Offers, and Contracts

Title CEO/OWNER Date 1/26/06

***** All Commodity Codes Beginning with 900 are only for services. *****

Ex: Janitorial Service
947 - Commodity 110 - Sub Commodity - Means that you Provide the service.

Ex: Janitorial Supplies
485 - Commodity 067 - Sub Commodity - Means that you sell the product.

* Commodity Code 900: Services

* Category: After School Child Care Programs
Non-School Day Child Care Camp
Summer Camp Programs (Recreational & Sport Camps)



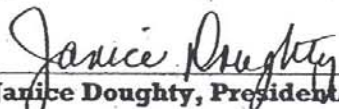
SUNSHINE
child programs

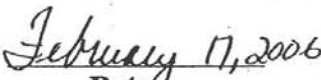
STATEMENT TO COMPLY WITH REQUIRED INSURANCE

Sunshine Child Care will furnish proof of Worker's Compensation Insurance, and General Liability Insurance. (We do NOT use personal automobiles in our program, therefore we do not need Automotive Insurance).

Sunshine Child Care will carry in force at all times the insurance coverage with The Town of Davie included as "Additional Insured".

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

ACORD FLORIDA WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
09/21/2005

POLICYHOLDER PHONE (A/C No. Ext): (954)-771-0300 FAX (A/C No.): (954)-772-9424	COMPANY Bridgefield Casualty	UNDERWRITER Angie Burdette
CYPRESS INSURANCE GROUP 10 E. Cypress Creek Rd, #400 Fort Lauderdale, Fla. 33334	APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBAs TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEEDBACK Sunshine After School Care, Inc.	
MAILING ADDRESS (INCLUDING ZIP CODE) - INCLUDE PRINCIPAL PHYSICAL LOCATION AND ALL INSURED ENTITIES 7901 S.W. 36th Street, #200 Davie FL 33328		<input type="checkbox"/> CHECK HERE IF LIST OF ADDITIONAL LOCATIONS ATTACHED
LICENSE #: SUB CODE:	YRS IN BUS: 15 SIC CODE:	INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORP <input type="checkbox"/>
AGENCY CUSTOMER ID: 20904	FEDERAL EMPLOYER ID NUMBER 65-0338867	NCCI ID NUMBER OTHER RATING BUREAU ID NUMBER

STATUS OF SUBMISSION <input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY		BILLING/AUDIT INFORMATION BILLING PLAN: <input type="checkbox"/> AGENCY BILL <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN: <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> PREM FINANCED <input checked="" type="checkbox"/> OTHER: CAPS <input type="checkbox"/> % DOWN:		AUDIT: <input checked="" type="checkbox"/> AT EXPIRATION <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> OTHER
--	--	---	--	---

LOCATIONS - LIST ALL PHYSICAL LOCATIONS, INCLUDING OTHER STATES, WHETHER COVERAGE IS REQUESTED OR NOT. IF APPLICANT IS A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)/EMPLOYEE LEASING COMPANY, LIST ALL CLIENT COMPANIES AND THEIR LOCATIONS

STREET, CITY, COUNTY, STATE, ZIP CODE 7901 S.W. 36th Street, #200 Davie, Fla. 33328

PROPOSED EFF DATE 10/01/05	PROPOSED EXP DATE 10/01/06	NORMAL ANNIVERSARY RATING DATE 12/14	PARTICIPATING <input checked="" type="checkbox"/> NON-PARTICIPATING <input type="checkbox"/>	RETRO PLAN
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY \$ 1,000,000 EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE	PART 3 - OTHER STATES INS	OTHER COVERAGES DEDUCTIBLE COINSURANCE LIMIT U.S.L. & H. VOLUNTARY COMPENSATION
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION		

RATING INFORMATION		CHECK HERE IF LIST OF ADDITIONAL CLASS CODES ATTACHED						
LOC	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES	ACTUAL REMUNERATION PAST 12 MONTHS	ESTIMATED REMUNERATION FOR NEXT POLICY PERIOD	RATE	ESTIMATED ANNUAL PREMIUM
101	8869		Child Day Care	300	\$3,800,000	\$3,800,000	1.76	\$66,880

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS DRUG-FREE CREDIT-----5% SAFETY CREDIT-----2%		FACTOR TOTAL EXPERIENCE MODIFICATION MODIFIED PREMIUM PREMIUM DISCOUNT EXPENSE CONSTANT TOTAL ESTIMATED ANNUAL PREMIUM MINIMUM PREMIUM	FACTORED PREMIUM \$ 66,880.00 \$ \$ \$ \$ \$ 200.00 \$ \$
--	--	---	---

RD 130 FL (2002/07)
INS130FL (02/11) 01

PLEASE COMPLETE PAGE 2
ELECTRONIC LASER FORMS, INC. - (800)327-0545

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DT 1 of 3 #1562

-114-

INDIVIDUALS INCLUDED/EXCLUDED

MEMBERS, OFFICERS, OWNERS TO BE INCLUDED OR EXCLUDED. REMUNERATION TO BE INCLUDED MUST BE PART OF RATING INFORMATION SECTION. ATTACH LIST OF ADDITIONAL EXEMPTIONS, IF ANY. PROVIDE COPIES OF DISCLOSURE OF EXCLUSIONS/EXEMPTIONS. DISCLOSURES OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, ATTACH A COPY OF EXEMPTION OR INCLUSION FORM FILED WITH THE STATE OF FLORIDA.

NAME	DATE OF BIRTH	SOCIAL SECURITY #	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
Janice Doughty			President	100%	Administrative	Ex	8869	\$120,000
Craig Doughty			Vice-President	0	Administrative	Ex	8869	\$120,000
Howard Doughty			Treasurer	0	Administrative	Ex	8869	\$120,000

FOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS

YEAR	CARRIER & POLICY NUMBER	ACTUAL/AUDITED PREMIUM	MOD	# CLAIMS	LOSS RUN ATTACHED	AMOUNT PAID	RESERVE
2005	CO: Transport Casualty POL # WC07058420	\$60,000	1.000	0		0	0
2004	CO: " " "	" " "	" " "	" " "		" " "	" " "
2003	CO: " " "	" " "	" " "	" " "		" " "	" " "
	CO: " " "	" " "	" " "	" " "		" " "	" " "
	CO: " " "	" " "	" " "	" " "		" " "	" " "
	CO: " " "	" " "	" " "	" " "		" " "	" " "

ATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

PROVIDE COMMENTS AND DESCRIPTIONS OF ALL BUSINESSES, OPERATIONS AND PRODUCTS (INCLUDING OTHER STATES): MANUFACTURING- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR- TYPE OF WORK, SUB-CONTRACTS; MERCANTILE- MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE- TYPE, LOCATION; FARM- ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS. IF CONTRACTOR, PROVIDE LICENSE NUMBER.

PROFESSIONAL EMPLOYER ORGANIZATION (PEO)/EMPLOYEE LEASING COMPANY ☐ TEMPORARY EMPLOYMENT SERVICE

EMPLOYEES - ATTACH A LIST OF ADDITIONAL EMPLOYEE NAMES

NAME	CLASS CODE	SOCIAL SECURITY #	NAME	CLASS CODE	SOCIAL SECURITY #
See Attached					

ATTACH THE LAST FOUR (4) UNEMPLOYMENT COMPENSATION EMPLOYER QUARTERLY TAX REPORTS - UCT-4 OR IRS FORM 941. PLEASE EXPLAIN IF UCT-4 OR 941 IS NOT AVAILABLE. DISCLOSURE OF THE SOCIAL SECURITY NUMBERS IS VOLUNTARY, AS AN ALTERNATIVE, THE LATEST UCT-4 FORM WITH CLASS CODES ADDED CAN BE USED IN LIEU OF A SEPARATE LISTING OF EMPLOYEE NAMES, SOCIAL SECURITY NUMBER AND CLASS CODE. ANY EMPLOYEES NOT ON THE UCT-4 FORM SHOULD BE SHOWN SEPARATELY.

GENERAL INFORMATION

MAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		X	16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		X
DON'T HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		X	17. ANY OTHER INSURANCE WITH THIS INSURER?		X
ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		X	18. ANY PRIOR COVERAGE DECLINED/CANCELLED/NON-RENEWED (Last 3 years)?		X
ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		X	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	X	
IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		X	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		X
ARE SUB-CONTRACTORS AND/OR INDEPENDENT CONTRACTORS USED?		X	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		X
ANY WORK SUBLET WITHOUT CERTIFICATES OF INS?		X	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		X
IS A FORMAL SAFETY PROGRAM IN OPERATION?		X	23. WHAT ARE YOUR ESTIMATED ANNUAL REVENUES? \$ 13,000,000		X
ANY GROUP TRANSPORTATION PROVIDED?		X	24. IS THERE ANY CURRENT OR ANTICIPATED DEBT FOR UNPAID PREMIUMS OWED TO ANY PREVIOUS WORKERS' COMPENSATION PROVIDER?		X
ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		X	CONTACT INFORMATION		
ANY PART TIME OR SEASONAL EMPLOYEES?		X	IN- SPECTION	PHONE: 954-236-8850	
IS THERE ANY VOLUNTEER OR DONATED LABOR?		X		NAME: Nick Matzirakis	
ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		X	ACCT'G RECORD	PHONE: same	
DO EMPLOYEES TRAVEL OUT OF STATE?		X		NAME: Tonya	
ARE ATHLETIC TEAMS SPONSORED?		X	CLAIMS INFO	PHONE:	
		X		NAME: Tonya	

RD 130 FL (2002/07)
INS130FL 62111.01

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

UNDERSTAND THAT AS THE EMPLOYER,

MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

SHALL SUBMIT TO THE CARRIER, A COPY OF THE QUARTERLY EARNINGS REPORT AND SELF-AUDITS SUPPORTED BY THE QUARTERLY EARNINGS REPORTS, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS QUARTERLY EARNINGS REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE.

FREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF MY OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS.

HAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND DETERMINATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM DEDUCTIBLE AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THIS POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP/COMBINABILITY

DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION?

☐ YES ☒ NO

IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP/COMBINABILITY QUESTIONS:

1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.

2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.

IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.

THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWC/JUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.

HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE, THAT I, AS AN OWNER/OFFICER, AM FULLY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICANT.

AS AGENT/PRODUCER, I HEREBY ATTEST THAT I HAVE GIVEN THE APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

OWNER/OFFICER SIGNATURE
DATE
9/30/05

PRODUCER'S SIGNATURE
DATE
9/30/05

NOTARY PUBLIC SIGNATURE
DATE
9/30/05

NOTARY PUBLIC SIGNATURE
DATE
9/30/05

PRD 130 FL (2002/07)

INS130FL (0211).01



Susan K. Moore

My Commission DD238098

3 of 3 #1552

DT



Susan K. Moore

My Commission DD238098

Agreement for Participation in the

**Florida Retail Federation
Self Insurers Fund**

P.O. Box 988, Lakeland, FL 33802-0988
1-800-282-7648 • (813) 665-8060 • FAX 1-800-811-2657

DO NOT WRITE IN THIS BOX.

Please print or type, but do not use white-out fluid for corrections. All signatures must be in ink, and all sections (except shaded areas) must be completed.

FRF SIF #520-34566

Effective date

10/1/05

The applicant hereby applies for continuing membership for workers' compensation coverage in the Florida Retail Federation Self Insurers Fund, to be effective at 12:01 a.m. on the approved effective date shown on the reverse side. If accepted by the Fund, the member duly authorizes Summit Consulting, Inc., the administrator of said Fund, as attorney-in-fact in all matters relating to workers' compensation and/or employer's liability coverage as applied for.

The member agrees to the following:

- (1) To be bound by the provisions of the Florida Workers' Compensation Law as they apply to the above Fund.
- (2) To be bound by the terms and provisions of the Indemnity Agreement and/or amendments thereto filed or to be filed with the Office of Insurance Regulation and to assume all obligations imposed upon members as set forth therein or in the Florida Workers' Compensation Law, including, but not limited to, joint and several liability for payment of lawful awards against any member of the Fund and to pay all premiums and lawful assessments within 30 days of the date the same shall become due. This is a fully assessable policy. If the Fund is unable to pay its obligations, policyholders must contribute on a pro rata earned premium basis the money necessary to meet any unfulfilled obligations.
- (3) To abide by the rules and regulations of the trustees of the Fund and to conform to the terms of the agreements they may enter into with any authorized servicing company so long as membership is continued in the Fund.
- (4) That acceptance into the Florida Retail Federation Self Insurers Fund and coverage for workers' compensation/employer's liability is contingent in part upon the full compliance of the application (ACORD 130-FL) and this Agreement for Participation (FRF0357).
- (5) That, in the event of any changes in corporate or business structure or in legal entity or if any locations are to be added to or deleted from this coverage, the member agrees to notify the Fund immediately.
- (6) That should the member desire to cancel the coverage, the member will give written notice at least 30 days prior to cancellation and be subject to cancellation procedures. The Fund will give written notice at least 30 days prior to cancellation should they desire to cancel the coverage.
- (7) That insurance coverage provided hereunder shall be for Florida operations only.
- (8) That the member will make available all records necessary for the payroll verification audit and permit the auditor to make a physical inspection of the operations. Failure to do this shall result in a \$500 payment to the Fund to defray the auditing costs.
- (9) That all sums due the Fund are payable at the administrative office of the Fund.
- (10) That, in the event any premium or sum of money is not paid within five days after it is due, for each amount in default, the member agrees to pay the Fund a delinquency and collection fee of 325 or five percent of the amount in default, whichever is greater.

If an amount in default is referred for collection to an attorney, the member agrees to pay the Fund's attorneys' fees not exceeding 25 percent of the sum of the delinquent amount and any delinquency and collection fee charged by the Fund.

In the event litigation becomes necessary in regard to collection or any other dispute that may arise as a result of this Agreement, the member agrees that Polk County, Florida, will be the proper venue for the legal action. The member agrees also that if supplemental proceedings are required subsequent to judgment, the president and secretary of a corporation or limited liability company member or all partners of a partnership member or the individual in the event of an individual member shall submit to the supplemental proceedings in Polk County, Florida.

(11) That the member must update the application and this Agreement for Participation monthly to reflect any change in the required application information.

(12) That if the member files an application or application update containing false, misleading or incomplete information with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage, it is a felony of the third degree.

(13) That the member shall submit to the Fund a copy of the quarterly earnings report and self-audits supported by the quarterly earnings report, as required by Chapter 443, Florida Statutes, at the end of each quarter. If the member omits the name of an employee from this quarterly earnings report, Florida Statutes state that the member will remain liable for, and will reimburse the Fund for, any workers' compensation benefits paid to this omitted employee.

(14) That if the member understates or conceals payroll, or misrepresents or conceals employee duties so as to avoid proper classification for premium calculations, or misrepresents or conceals information pertinent to the computation and application of an experience rating modification factor, the member, or his agent or attorney, shall pay to the Fund a penalty of ten times the amount of the difference in premium paid and the amount the employer should have paid and reasonable attorney's fees.

(15) I understand that the Producing Agent, and any subsequent Agent which the member-insured engages, is an independent insurance agent and thereby an agent for the member-insured, and is not for any purpose an agent for the Florida Retail Federation Self Insurers Fund or Summit Consulting, Inc.

Limits of Liability: Part One—Workers' Compensation, Statutory. Part Two—Employer's Liability, Bodily Injury by Accident, \$100,000 each accident. Bodily Injury by Disease, \$100,000 each employee, \$500,000 policy limit.

The member hereby gives authorization to the National Council on Compensation Insurance to release their experience modification records to Summit Consulting, Inc., administrator of the Florida Retail Federation Self Insurers Fund.

28-Sep-2005 16:45

From-underwriting

8636663949

T-582 P.009/816 F-986

AGREEMENT FOR PARTICIPATION—FLORIDA RETAIL FEDERATION SELF INSURERS FUND

FRF SIF #20-34200

I hereby swear that the information contained in the application and this Agreement for Participation is accurate and I acknowledge that I have read and agree to the above statements.

[Signature]
Owner, partner or corporate officer (signature and title)

Print or type name and title

Date

Sunshine After School

Company name

7901 SW 36th Street #200

Company address

Ft. Lauderdale, FLA. 33328

City, state and ZIP code

(954) 236-8850

Telephone number

PLEASE DO NOT WRITE IN THIS BOX

The above-mentioned employer is a member of the Florida Retail Federation and is hereby approved for membership in the Florida Retail Federation Self Insurers Fund, and coverage is effective the 1 day of 10, 2005.

Signed this 04 day of 10, 2005By: *[Signature]*

Summit Consulting, Inc., Administrator

Client#: 20904

SUNSHAFI

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (mm/dd/yyyy)
10/11/05

INSURER
 Press Insurance Group PR/CL
 O. Drawer 9328
 Lauderdale, FL 33310-9328
 71-0300

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Lexington Insurance Company

INSURER B: FL Retail Federation Self Insurers F

INSURER C: AIG Life Insurance Company

INSURER D:

INSURER E:

SUNSHAFI

Sunshine After School Care, Inc.
 7901 S.W. 36th Street, #200
 Davie, FL 33328

COVERAGE

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yyyy)	POLICY EXPIRATION DATE (mm/dd/yyyy)	LIMITS
	GENERAL LIABILITY	41-LX-8995195	10/01/05	10/01/06	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000**
					PERSONAL & ADV INJURY \$INCLUDED
					GENERAL AGGREGATE \$3,000,000
					PRODUCTS - COMP/OP AGG \$INCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER196986	10/01/05	10/01/06	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$1,000,000
					E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER Accident	SRG8710411	10/01/05	10/01/06	\$100,000 full excess
	Emp Benefit	41-LX-8995195	10/01/05	10/01/06	\$1,000,000 occ cls made
					\$1,000,000 agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Workers' Compensation applies to Florida operations and employees only.

Med Pay excludes children in day care

General Liability Policy includes Professional Liability coverage

Add'l Insrd.

CERTIFICATE HOLDER

Broward County School Board
 701 NW 31 Ave
 Fort Lauderdale, FL 33311

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



SUNSHINE
child programs

STATEMENT TO COMPLY WITH ALL TERMS OF CONTRACT

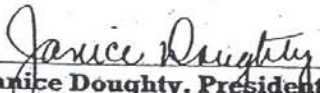
Sunshine Child Care submits this completed proposal to rent the Davie Pine Island Multipurpose Facility for operation of an After School Daycare Program, Early Release Days, School Days Off, Winter Break, Spring Break and Extended Summer Camp Program in the Town of Davie, Florida.

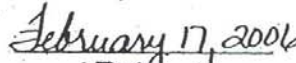
Sunshine Child Care accepts and understands the Nature of the Bid, the Terms of Agreement, the Conditions, the Insurance requirements, and the Indemnity to Hold/Harmless Agreement with the Town of Davie.

Sunshine Child Care truly believes we are able and more than well qualified to provide quality child care services to the Town of Davie families and their children at the Pine Island complex.

If awarded this contract, we pledge to uphold this contract and all terms and conditions attached.

SUNSHINE AFTER SCHOOL CHILD CARE, INC.


Janice Doughty, President/CEO


Date

YMCA OF BROWARD COUNTY

**REQUEST FOR PROPOSAL
OPERATION OF AFTER SCHOOL DAYCARE PROGRAMS, EARLY RELEASE
DAYS, SCHOOL DAYS OFF, WINTER BREAK AND SPRING BREAK
Town of Davie, Florida**

A. Statement of Qualifications and Experience

The YMCA of Broward County was founded in 1944. The YMCA currently has six branches located throughout Broward County. The YMCA movement was founded in London, England in 1844, with the first U.S. YMCA in Boston in 1851. This mission of the YMCA is to put Judeo-Christian principles into practice through programs building healthy spirit, mind and body for all.

The West Broward Family YMCA provided licensed child care services for the Town of Davie with its original RFP dating back to June 1996. The YMCA After-School Program at Pine Island Community Center is currently recognized by BCCCLE with the Gold Seal Award of Excellence for outstanding child care programs.

In 1987, the Broward County Children's Services Administration Division (CSAD) awarded the YMCA one of the first grant awards to serve youth in Before and After School Child Care at elementary schools with children of low income families. An additional award in 1989 by CSAD was granted to serve children with disabilities in Before and After School Child Care. Successful operation of these two awards entitled the YMCA to receive additional funding for summer programs. Since 2001, YMCA currently provides Summer Challenge and M.O.S.T. (Maximizing Out of School Time) programs with Children's Services Council.

The YMCA has cultivated a partnership with Silver Ridge Elementary in serving elementary-age children in after-school, non-school day, winter/spring break camps and special needs programs. Throughout Broward County, the YMCA serves over 5,000 youth in before/after-school care throughout the year and an additional 2,500 in non-school day and summer camp programs.

The YMCA historically has placed a strong emphasis on youth and family programs which include Summer Day Camps, Broward Inclusion Child Care Program, Teen Clubs and Programs, Multi-Cultural Achievers (a Mentoring Program), Y-Chance Academy and PACE (Alternative to Expulsion and Suspension Programs), Youth Enrichment and Youth Sports, Preschool, Gymnastics, Swimming and Water Safety Lessons, Community Computer Center and Y-Challengers (a respite program for adults with disabilities). In addition, many other programs are designed to meet the needs of the diverse community.

The basic objective of the YMCA is to significantly improve conditions affecting the quality of life. As one of the largest agencies delivering human services in Broward County, the YMCA fosters better community relationships. The mission of the organization is integrated through its policies and programs. Financial restrictions should not limit access to YMCA programs; therefore, whenever possible, financial assistance is available. The YMCA actively seeks financial support through an annual sustaining campaign as well as grants to provide comprehensive services to all.

The YMCA partners with other agencies to best meet the needs of the participants served. Many Broward County municipalities and schools allow programs to be held at their facilities. Agencies such as the Family Central, Florida Initiative For Suicide Prevention, Girl Scouts and Retired Senior Volunteer Services provide enrichment services enhancing existing YMCA programs.

As a volunteer based organization, nearly 1,500 individuals volunteer their time in direct services. Over 100 policy volunteers serve on advisory boards setting policies and procedures

and devoting their time to the annual sustaining campaign. In 2005, 37,470 individuals benefited from YMCA programs and services. As a leader in the community, the YMCA builds strong kids, strong families and strong communities.

B. Business Related References

School Board of Broward County
Rock Island Professional Development Center
Before and After-School Programs
Barbara Flynn, Coordinator
2301 NW 26th Street
Fort Lauderdale, FL 33311
754.321.3330

Castle Hill Elementary School
Dr. Valoria W. Latson, Principal
2640 NW 46th Avenue
Lauderhill, FL 33313
754.322.5600

Millenium Middle School
Dr. Cheryl Cenden
5803 NW 94th
Tamarac, FL 33021

C. Cost per Individual

The weekly cost for after school child care is \$40. An additional fee of \$4.00 per hour is charged on early release days.

The base rate for full day care on holidays and teacher workdays is \$25 daily. This is based on a 10½ hour day. Financial Assistance is available for those unable to pay full program fees.

See Attachment A – Scholarship Scale

D. Organizational Chart

See Attachment B – Organizational Chart

E. Emergency Plan

The YMCA has extensive policies and procedures covering accidents, missing children, sick and other unplanned emergencies.

See Attachment C – Emergency Plans for YMCA After-School Programs @ PICC

See Attachment D – Accident/Incident Report

See Attachment E – Special Event Authorizations (Field Trips)

See Attachment F – Registration Form (Emergency Release)

F. Staff to Child Ratios

The YMCA maintains a 1:15 staff to child ratio whenever possible. At no time will the ratio exceed 1:25, the State mandated ratio for license compliance. The YMCA is able to accommodate children with special needs at lower child to staff ratios if determined necessary at in-take.

G. Minimum Staff Qualifications

Prior to employment all potential employees must pass a drug screening. Once this is completed, candidates must clear a Level 2 background check conducted by the Broward County Child Care Licensing and Enforcement (BCCCLE), involving both local, state and FBI clearances. Supervisory staff members have received training on screening out potential child abusers during the interview process. This training was designed by the YMCA of the USA in order to diminish the chances of hiring a person with undesirable traits. Once the candidate receives a drug-free and clearance from BCCCLE, he or she is eligible to begin work. Returning staff must complete an annual FDLE background check.

Employees must then complete a 4 hour orientation during their first 30 days of employment. This orientation includes training in the areas of Child Abuse Prevention, OSHA universal precautions and YMCA policies and procedures. Also, during the first 30 days of employment, child care staff must enroll in the state mandated DCF Child Care Training Classes for a total of 50 clock hour training.

Site coordinators must hold a CDA (Child Development Associate) or its equivalency, or Director Credential to direct an after school program. YMCA site coordinators average two years of college credits (60 semester hours) and three (3) years of child care management experience. The majority of YMCA site coordinators are certified teachers, which is an eligible equivalency. Assistants must hold the same qualifications. Group leaders must be 18 years of age or older and have a high school diploma or GED. All staff members are certified in First Aid/CPR through American Red Cross or National Safety Council. In addition, Site Coordinators are required to complete a minimum of twelve (12) clock hours of in-service training annually while Group Leaders are required a minimum eight (8) hours to maintain their child care employment eligibility.

See Attachment G – Job Descriptions

H. **Program Times**

The YMCA program operates on regularly scheduled school days and holidays scheduled for the 2006-2007 academic year.

After School Programs	2:00pm to 6:00pm
Early Release Days	12:00pm to 6:00pm
Holiday Care Programs	7:30am to 6:00pm
Extended Summer Camp	7:30am to 6:00pm

I. **Vendor/Bidder Disclosure Form**

See Attachment H – Town of Davie Vendor/Bidder Disclosure

J. **Miscellaneous Attachments**

See Attachment I – IRS W-9 Form

See Attachment J – Town of Davie Lobbyist's Registration Statement and Oath

See Attachment K – Drug Free Workplace Policy

PRICING PAGE

AFTER SCHOOL DAYCARE PROGRAMS, EARLY RELEASE DAYS, SCHOOL DAYS OFF,
WINTER BREAK, SPRING BREAK AND EXTENDED SUMMER CAMP PROGRAM RENTAL

Location: Davie Pine Island Park Multipurpose Center
Address: 3801 S. Pine Island Road
Davie, FL 33328
Capacity: 60 – School Year
Capacity: 100 – Summer

Fee Vendor will be charging participants:

Daily	Non School Day only	\$ 25.00
Weekly	After-School Care Only	\$ 40.00
School off days, Holidays (daily rate)		\$ 25.00

Monthly Rental (Fee will be prorated for partial months)
Minimum Monthly Rental Fee of \$400 \$1.00 Non School Day / \$0.90 After School Day

Annual Facility Maintenance Fee (payable to Town): \$ 750.00
Maintenance fee is payable within ten (10) days of start of session

BIDDER: YMCA of Broward County, FL Inc. – West Broward Family YMCA

ADDRESS: 1830 West Broward Blvd

Fort Lauderdale, FL 33312

BY:


SIGNATURE

Michael Jezek

Please type or print signature here

TITLE: President/Chief Executive Officer

DATE: February 17, 2006

TELEPHONE: (954) 334-9622

Attachment A

Scholarship Scale

YMCA of Broward County, FL
Scholarship Scale

(Based on Federal Poverty Level - Effective January 2005)

All Family Members Pay Same Fee				NUMBER OF FAMILY MEMBERS IN HOUSEHOLD										PLEASE NOTE: There may be exceptions to this scale that can be approved by the branch exec or his/her designee. Ex. - A child who is homeless, in foster care or from a migrant working family may be eligible for \$0 tuition fees.
All Family Members Pay Same Fee				1	2	3	4	5	6	7	8	9 +		
10%	\$4	\$3	\$13	\$0 to \$9,310	\$0 to \$12,490	\$0 to \$15,670	\$0 to \$18,850	\$0 to \$22,030	\$0 to \$25,210	\$0 to \$28,390	\$0 to \$31,570	\$0 to \$35,110		
20%	\$8	\$5	\$25	\$9,311 to \$12,491	\$12,491 to \$15,671	\$15,671 to \$18,851	\$18,851 to \$22,031	\$22,031 to \$25,211	\$25,211 to \$28,391	\$28,391 to \$31,571	\$31,571 to \$34,931	\$35,111 to \$38,291		
30%	\$11	\$8	\$38	\$12,492 to \$15,672	\$15,672 to \$18,852	\$18,852 to \$22,032	\$22,032 to \$25,212	\$25,212 to \$28,392	\$28,392 to \$31,572	\$31,572 to \$34,752	\$34,932 to \$38,112	\$41,472 to \$44,652		
40%	\$15	\$10	\$50	\$15,673 to \$18,853	\$18,853 to \$22,033	\$22,033 to \$25,213	\$25,213 to \$28,393	\$28,393 to \$31,573	\$31,573 to \$34,753	\$34,753 to \$37,933	\$38,113 to \$41,293	\$44,653 to \$47,833		
50%	\$19	\$13	\$63	\$18,854 to \$22,034	\$22,034 to \$25,214	\$25,214 to \$28,394	\$28,394 to \$31,574	\$31,574 to \$34,754	\$34,754 to \$37,934	\$37,934 to \$41,114	\$41,294 to \$44,474	\$47,834 to \$51,014		
60%	\$23	\$15	\$75	\$22,035 to \$25,215	\$25,215 to \$28,395	\$28,395 to \$31,575	\$31,575 to \$34,755	\$34,755 to \$37,935	\$37,935 to \$41,115	\$41,115 to \$44,295	\$44,475 to \$47,655	\$51,015 to \$54,195		
70%	\$27	\$18	\$88	\$25,216 to \$28,396	\$28,396 to \$31,576	\$31,576 to \$34,756	\$34,756 to \$37,936	\$37,936 to \$41,116	\$41,116 to \$44,296	\$44,296 to \$47,476	\$47,656 to \$50,836	\$54,196 to \$57,376		
80%	\$30	\$20	\$100	\$28,397 to \$31,577	\$31,577 to \$34,757	\$34,757 to \$37,937	\$37,937 to \$41,117	\$41,117 to \$44,297	\$44,297 to \$47,477	\$47,477 to \$50,657	\$50,837 to \$54,017	\$57,377 to \$60,557		
90%	\$34	\$23	\$113	\$31,578 to \$34,758	\$34,758 to \$37,938	\$37,938 to \$41,118	\$41,118 to \$44,298	\$44,298 to \$47,478	\$47,478 to \$50,658	\$50,658 to \$53,838	\$54,018 to \$57,198	\$60,558 to \$63,738		
100%	\$38	\$25	\$125	\$34,759 and up	\$37,939 and up	\$41,119 and up	\$44,299 and up	\$47,479 and up	\$50,659 and up	\$53,839 and up	\$57,199 and up	\$60,559 and up		

ELIGIBILITY IS BASED ON COMBINED HOUSEHOLD INCOME. PROOF OF INCOME MUST ACCOMPANY ALL APPLICATIONS
(Current signed income tax forms, letter from IRS, Free/Reduced lunch approvals).

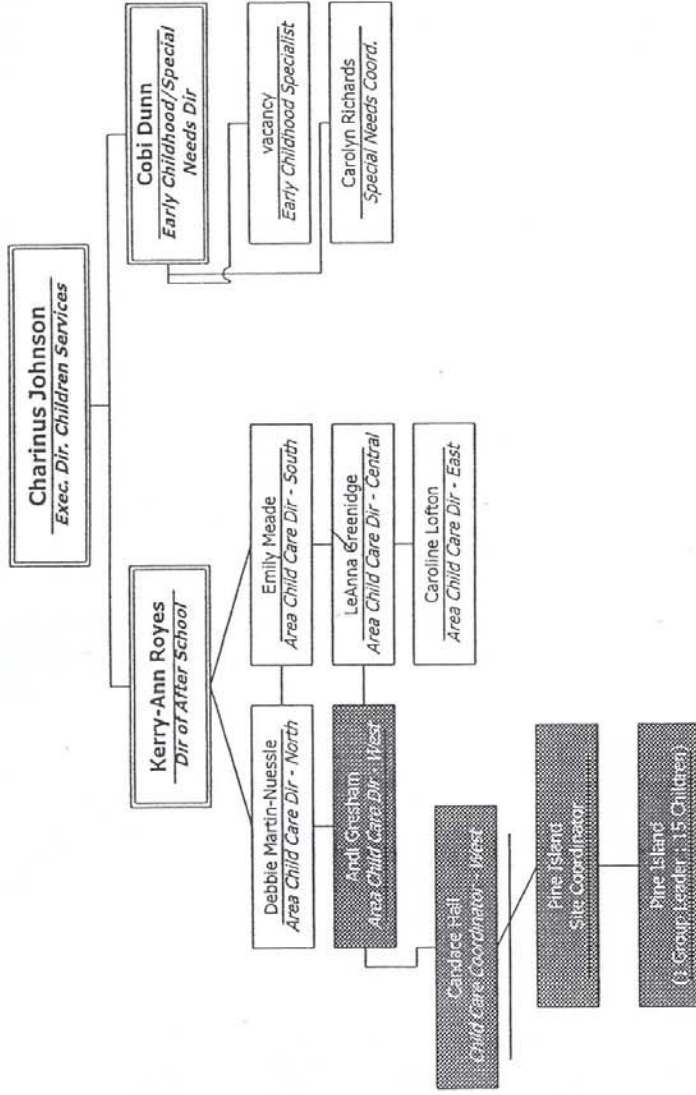
To determine the rate, find the number of family members & the income level of the combined household. Ex: 4 Family Members earning \$27,000: rate is \$15 per week for After School. If rate falls in the shadowed area, an Extenuating Circumstance Application is required. The branch exec or designee must make the final determination.
UPDATE 02/15/05 The Scholarship Scale is revised regularly to reflect availability of funding and is subject to review pending CSC Funding for 2005.

For percentage based scholarships, please round to the nearest dollar.

Attachment B

Organizational Chart

YMCA of Broward County - Child Care Organization Chart



Attachment C

Emergency Plans for YMCA After-School Programs @ Pine Island Community Center

Emergency Plans For
YMCA After School Program @ Pine Island Community Center

1) Emergency Response Team:

Name 1 Alonzo Simons Phone #(954) 981-9083
Cell #(954) 854-6608
Alternate #()

Name 2 Matthew Stewart Phone #(954) 450-2240
Cell #(954) 257-5644
Alternate #()

- 2) If Site Coordinator Alonzo Simons is not on site, he/she can be reached at (954) 854-6608. In their absence the **Chain Of Command** is as follows:

Name 1 Matthew Stewart

Name 2

Name 3

- 3) Are evacuation routes for Bomb and other threats same as Fire routes?

☒ Yes ☐ No **Must attach copy of route(s).*

- 4) How will YMCA access keys to lock doors in case of after hours lock down?

☐ YMCA will be provided with keys.

☐ Contact person/custodian on property Omar Valero/John Cassaro
How to contact (i.e. walkie, pager) 954-916-4467

- 5) Which Town of Davie Staff remain in the building during 2-6pm? Contact numbers?
Omar Valero is in charge of the community center during the hours of 2-6pm while the program is in session and is always at the front desk area.

- 6) What entrances remain open after 3pm?

YMCA door into the gym, patio door and main entrance remain open.

- 7) Directions to our Site (for 911 operator)

South of I-595 and North of Griffin Road on Pine Island Road.

- 8) On-site staff's First Aid/CPR certification is posted YES

- 9) Where is/are Alternative Site(s) for evacuation of the children?

**Must attach directions.*

Silver Lakes Elementary. Go out the north gym exit and walk across the fields and basketball courts to the school.

- 10) Does the Custodian on duty from 2-6pm know the location of the air handler and how to shut it down in case of an emergency? ☒ Yes ☐ No
If yes, how do we contact them? Omar Valero is at the front desk.
If no, who is the person on-site with that knowledge & how are they contacted?

- 11) Who is the School's Resource Officer? Officer Encarnacion
Contact information: Phone #(954) 679-7465
Cell #() _____
Alternate #() _____

- 12) Emergency Contact Numbers:

Area Children Services Director

Name Andi Gresham

Phone #(954) 424-9622

Cell #(954) 655-9635

Alternate #() _____

Children Services Coordinator

Name Candice Hall

Phone #(954) 424-9622

Cell #(954) 245-5625

Alternate #() _____

Director of After School Programs

Name Kerry-Ann Royes

Phone #(954) 334-9622

Cell #(954) 709-8027

Alternate #() _____

Executive Director of Children Services

Name Charinus Johnson

Phone #(954) 334-9622

Cell #(954) 655-9635

Alternate #() _____

Principal at Silver Lakes

Name Marian Gundling

Phone #(754) 423-7500

Cell #() _____

Alternate #() _____

Assistant Principal at Silver Lakes

Name Saemone Hollinsworth

Phone #(754) 323-7500

Cell #() _____

Alternate #() _____

Pine Island Community Center Managers

Name Omar Valero & John Cassaro

Phone #(954) 327-3941

Evacuation
CODE BLUE
(Fire Emergency, Chemical Spill, Gas Leak)

Fire Drills are held monthly through the year to insure the safe and orderly movement of students to their designated safety areas. Evacuation maps are posted in each classroom designating routes for each drill. **The YMCA will use the same routes posted in classrooms used in the After School hours.** All maps are updated at least annually. Group Leaders must provide students instruction on all emergency procedures with the whole class in all situations. Students should be prepared to follow procedures if they are in the classroom, cafeteria, outside on school grounds, in the restroom or in the hallway.

The first person to become aware of an emergency requiring evacuation will pull the fire alarm and notify the Site Coordinator immediately.

Once the fire alarm has been sounded, or CODE BLUE announced over walkie-talkies, the following procedure will take place:

- Group Leaders will promptly and orderly evacuate all students, staff and visitors using posted primary (secondary if not accessible) route to evacuation gathering point established by school.
- Group Leaders will take Attendance Rosters, walkie-talkie and any First Aid supplies on hand.
- Doors are closed as exiting rooms.
- Site Coordinator/Designee from the Emergency Response Team will call 911.
- Everyone will stand clear of building allowing for safety and movement of emergency vehicles and equipment.
- Group Leader will conduct student attendance and all students must be accounted for.
- Site Coordinator will evacuate with site emergency Red folder, students' emergency contact information, walkie-talkie and Master Attendance Roster.
- All information regarding students and staff is reported to the Emergency Response Team via two-way radios.
- The Emergency Response Team will meet at North Parking Lot to coordinate activities.
- Designee from the Emergency Response Team will notify the YMCA Program Director & Principal and/or Asst. Principal. Program Director will call the District if Principal/Asst. Principal cannot be reached.
- The Program Director will inform BASCC of incident.
- The Emergency Response Team verifies complete evacuation and staff locations.
- Emergency Response Team will issue "All Clear" to remove lock down.

As soon as re-entry is possible, all students & staff are to gather in cafeteria/gym. The Site Coordinator will conduct Master Roll Call. Then, the Emergency Response Team will give further instruction for return to Daily Activities. Appropriate paperwork is completed, people contacted, etc.

If return to the building is not possible, Emergency Response Team will notify staff via 2-way radio of Alternate Location. Site Coordinator will contact parents for pick up. Emergency Response Team will meet and debrief immediately following the emergency.

Staff meeting may be held at the end of shift to identify follow-up activities, responsibilities and issues that may have occurred during emergency.

Bomb Threat
CODE BLACK

Students are to be moved as far away from the building as safety permits utilizing fire drill procedures and locations. Site Coordinator will notify local Police, Program Director and School Board Personnel. Bomb threat is referred to as a **"CODE BLACK"**.

The following procedure is to be followed in the case of a **"CODE BLACK"**:

DO NOT USE WALKIE-TALKIES OR CELL PHONES DURING A CODE BLACK.

- Site Coordinator will designate individual(s) to walk to all groups & alert them of "CODE BLACK".
- Site Coordinator/Designee from the Emergency Response Team will call 911 from a land line only.
- Group Leaders quickly scan the room for any items which may appear suspicious or out of place. NEVER TOUCH, JAR OR MOVE a suspicious item. Leave the area.
- -Group Leaders will take Attendance Rosters, walkie-talkie and any First Aid supplies on hand.
- Group Leaders will promptly and orderly evacuate of all students, staff and visitors using posted primary (secondary if not accessible) route to schools assigned gathering point at North parking Lot.
- Group Leader will conduct student attendance and all students must be accounted for.
- Report findings of suspicious item(s) to Emergency Response Team once children have been evacuated.
- Site Coordinator will evacuate with site emergency Red folder, students' emergency contact information, walkie-talkie and Master Attendance Roster.
- The Emergency Response Team will meet at North Parking Lot to coordinate activities.
- Designee from the Emergency Response Team will notify the YMCA Program Director & Principal and/or Asst. Principal. Program Director will call the District if Principal/Asst. Principal cannot be reached.
- The Program Director will inform BASCC of incident.
- The Emergency Response Team verifies complete evacuation and staff locations.
- Emergency Response Team will issue "All Clear" to remove lock down.

As soon as re-entry is possible, all students & staff are to gather in cafeteria/gym. The Site Coordinator will conduct Master Roll Call. Then, the Emergency Response Team will give further instruction for return to Daily Activities. Appropriate paperwork is completed, people contacted, etc.

Emergency Response Team will meet and debrief immediately following the emergency.

Staff meeting will be held at the end of shift to identify follow-up activities, responsibilities and issues that may have occurred during emergency.

Civil Disturbance
including Police Activity, Stranger on Campus
CODE YELLOW
(Full Lock Down)

Stranger On Campus

Staff will follow site-appropriate dismissal and supervision procedures during YMCA After School hours. Staff should remain attentive to all suspicious individuals seen loitering around campus. Group Leader **will not** put themselves or children in a confrontational situation. If Group Leader is not comfortable approaching the unknown individual(s), remove all children from the area and alert Site Coordinator immediately.

If comfortable, Group Leader should ask unknown individual(s) "Can I help you?" or "Are you looking for someone in particular?" Then instruct the individual on proper dismissal procedures and direct them to the Site Coordinator. Group Leader will then radio Site Coordinator regarding the situation.

If the individuals refuse to leave, **DO NOT CONFRONT THEM**. Remove the children from the area and alert Site Coordinator immediately via 2-way radio.

Site Coordinator will follow up with the situation immediately by approaching the individual once more to peacefully remove them from the premises, or alerting the authorities.

If the situation is not peacefully resolved, the Site Director will issue a Civil Disturbance CODE yellow and Full Lock Down (Self Contained) will begin immediately.

When there is a **Stranger, Disruption or Police Activity** on the school campus, the "self-contained schedule" or "CODE yellow" is implemented.

The following procedures are followed:

- All doors and windows are locked.
- Children on playground will immediately rally when Group Leader signals YMCA.
- Children in the field space or playground surrounding facility must return to closest classroom and lock door and windows.
- Group Leader will alert Emergency Response Team of children in bathrooms or other areas.
- Group Leader will conduct student attendance and all students must be accounted for.
- Site Coordinator and/or designee from the Emergency Response Team will call 911.
- A designee of the Emergency Response Team will check for children in bathrooms and traveling for dismissal.
- Emergency Response Team will check to make sure all students are inside rooms and secure.
- The Emergency Response Team will meet at YMCA Sign-out table in the gym to coordinate activities.
- Designee from the Emergency Response Team will notify the YMCA Program Director & Principal and/or Asst. Principal. Program Director will call the District if Principal/Asst. Principal cannot be reached.
- The Program Director will inform BASCC of incident.
- Emergency Response Team will issue "All Clear" to remove lock down.

As soon as "All Clear" is issued, all students & staff are to gather in cafeteria/gym. The Site Coordinator will conduct Master Roll Call. Then, the Emergency Response Team will give

further instruction for return to Daily Activities. Appropriate paperwork is completed, people contacted, etc.

Emergency Response Team will meet and debrief immediately following the emergency. Staff meeting may be held at the end of shift to identify follow-up activities, responsibilities and issues that may have occurred during emergency.

Missing Child/Runaway Child Action Plan **"ALL CALL" Alert**

Prevention Plan

Group Leader must maintain accurate Group Rosters at all times. Notation must be made when children leave the group for any reason (tutoring, dismissal, clubs, etc.) and, again, upon their return. Rosters must physically be with the Group Leader at all times.

Make frequent mental counts. Get in the habit of taking a mental count of participants every few minutes when outside and at regular intervals during the day inside. If someone appears to be missing, have participants stop what they are doing to take a quick roll call.

Check safety gates and doors. Be sure to get in the habit of closing safety gates on playgrounds and in other outside areas, and closing doors behind you. Parents and participants should be encouraged to do so as well.

Share responsibility. Anyone who notices an unattended participant should take the time to find out where they belong and then radio for an escort to take him or her back to the adult in charge.

Make sure supervision is constant. Do not allow participants to leave the group without a staff member, authorized personnel or parent/guardian.

Make sure strategic areas are in full view. Play spaces, room and playground entrances and exits should be in clear view of at least one staff member while children are in that area.

Get to know your wanderers. As staff observes participants, keep a close-eye on those who tend to wander from the group. Staff will take a quick glance around at all times to make sure they are in plain view.

Runaway Child

- Group Leader must make every attempt to keep an eye on and/or safely de-escalate child(ren) that are aggravated and/or may be a runaway threat.
- If a participant is observed attempting to leave the program area, the Group Leader will try to stop him/her by blocking the entrance and/or calling for the participant to return to the group. THE GROUP LEADER MUST NOT PUT THEMSELVES IN HARMS WAY OR LEAVE THE GROUP BEHIND TO CHASE THE CHILD. If the Group Leader is not sure he/she can stop the child without use of force or leaving their assigned group, do not attempt to do so. **
- If the participant manages to leave the program area, alert the Site Coordinator by walkie-talkie immediately.
- The Group Leader will try to maintain visual contact of the child for as long as possible in order to describe the general direction he/she is heading to the Site Coordinator.
- *Missing Child Action Plan will be followed from this point on.*

Missing Child Action Plan

- -Once the Group Leader suspects that a participant is missing, he/she will have their assigned group stop what they are doing to take a quick roll call.
- -If the participant is indeed missing, Site Coordinator will immediately be notified.

- -The Group Leader will keep the other participants calm and in one area.
- -The Group Leader will gather as much information as possible by asking the other children if they know anything about the missing participant's whereabouts, in which direction they went if seen leaving, who they were with and what they were wearing.
- -All gathered information must be immediately reported to the Site Coordinator.
- -The Site Coordinator will send out an "ALL CALL" alert over the walkie-talkie to all groups.
- All Group Leaders will respond by having their assigned groups stop what they are doing and take a quick roll call. This includes children on playground who will immediately rally when Group Leader signals YMCA, then roll call taken.
- All groups will then immediately proceed to rally in the cafeteria/ GYM. Group Leaders must have rosters with them.
- A designee of the Emergency Response Team will conduct a master roll call.
- While groups are being rallied, the Site Coordinator will call 911 and the School Safety Officer, if he/she still in vicinity. The Site Coordinator will then notify the YMCA Program Director (who will be responsible for notifying BASCC, Principal/Asst. Principal and the participant's parent/guardian).
- Another designee of the Emergency Response Team (not Site Coordinator) will check for children in bathrooms and traveling for dismissal.
- The Site Coordinator will then assign staff to supervise the children (maintaining proper staff-to-child ratios) and staff to serve as a "search party", assigning areas to cover.
- The "Search Party" will spread out throughout the program grounds, some staff specifically assigned to go in the general direction the child was seen heading (if known). All bathrooms, rooms and playground areas will be thoroughly checked.
- The "Search Party" will continue to check the assigned areas until the Emergency Response Team gives further instruction.
- Once the situation is concluded, the Emergency Response Team will issue "All Clear" to remove ALL CALL.

As soon as "All Clear" is issued, all students & staff are to gather in cafeteria/gym. The Site Coordinator will conduct another Master Roll Call. Then, the Emergency Response Team will give further instruction for return to Daily Activities. Appropriate paperwork is completed, people contacted, etc.

Emergency Response Team will meet and debrief immediately following the emergency. Staff meeting may be held at the end of shift to identify follow-up activities, responsibilities and issues that may have occurred during emergency.

***Children with Special Needs may require specialized individual plans and other actions taken. Site Coordinator and/or Director of Special Needs Programs should be consulted.*

Electrical Power Failure

In the event of an electrical power failure, notify your YMCA of Broward County branch who will be responsible to notify the Metro Office and Florida Power and Light.

- Keep the children calm and cool in a well-lit area.
- Group Leaders will consult with Site Coordinator for alternate activity plans.

Hurricane Preparedness

In the event of a hurricane watch, the Site Coordinator will remove all administrative and program forms (registration forms, attendance sheets, program receipts, participants' files, etc.) and deliver to your YMCA of Broward County Branch office. The Metro Office will inform and advise the branches to what steps and procedures will be implemented.

Severe Weather Alert

During inclement weather, the Site Coordinator will keep the weather radio on. Replace batteries every February during Hazardous Weather Awareness Week. The weather radios are property of the School Board of Broward County and are to remain on the school premises at all times.

In the event of Severe Weather Alert:

- The Site Coordinator will reassign all groups using portables to space inside the main permanent structure (i.e. the cafeteria, classroom in main building).
- The Site Coordinator will make all Group Leaders aware that there is a Severe Weather Alert in place and further instruction may be forthcoming.
- Group Leaders will conduct outdoor time adjacent to the permanent program structure only while the weather permits.
- Group Leaders will bring participants into the building at first sign of approaching inclement weather.
- Any group location change must be immediately reported to the Site Coordinator.

Tornado Drills

The following procedures are to be followed:

- Drills are to be performed once in September, December, February and May.
- The Site Coordinator will sound a "Tornado Drill" over the Walkie-Talkies.
- Children in the field space or playground surrounding facility must return to closest classroom/indoor low laying space.
- The Site Coordinator will reassign all groups using portables to space inside the main permanent structure (i.e. the cafeteria, classroom or hallway in main building).
- Staff and children will assume the tornado emergency position (huddle down with hands over their head away from doors and windows).
- Once in position, the Group Leader will report to the Site Coordinator that their group is "in place and secure".
- Everyone is to remain indoors and in emergency position until the Site Coordinator/Designee from the Emergency Response Team issues an "All Clear".

As soon as "All Clear" is issued, all students & staff are to gather in cafeteria/gym. The Site Coordinator will conduct Master Roll Call. Then, the Emergency Response Team will give further instruction for return to Daily Activities. Appropriate paperwork is completed, people contacted, etc.

Emergency Response Team will meet and debrief immediately following the emergency. Staff meeting may be held at the end of shift to identify follow-up activities, responsibilities and issues that may have occurred during emergency.

Injured Child/Adult

In the event there is an injury during the program hours, the following procedure must be followed:

- Adult witness must remain calm, reassuring the victim and others that help is on the way.
- Radio Site Coordinator for assistance immediately.
- Do not leave the injured person alone.
- Do not move the injured person if they are not able to move on their own (unless to save a life).
- Staff will only administer aid they are currently certified to do until other emergency personnel or certified staff arrives.
- Site Coordinator/Designee from the Emergency Response Team will take charge of the emergency situation by assessing the situation and calling 911.
- If a participant is injured from the neck up, no matter how seemingly minor, 911 must be called and parent/guardian notified.
- Designee from the Emergency Response Team will notify the YMCA Program Director (who will be responsible for notifying the participant's parent/guardian, BASCC, Principal/Asst. Principal and YMCA Metro Office). Program Director will call the District if Principal/Asst. Principal cannot be reached.
- If the injured person needs to be transported by emergency personnel, a staff member must accompany them. The Program Registration Form and any emergency contact information must be taken along.
- The Site Coordinator will obtain the name and address of the hospital the injury person is being transported to and updates the YMCA Branch office as soon as possible.
- All witnesses, immediately following the situations de-escalation, must complete Accident/Incident Report documentation. This documentation must be faxed or sent to YMCA Metro Office within 24 hours.

Should the incident attract media attention, only personnel from the YMCA Metro Office or Designee has authority to speak on behalf of the organization. Direct all inquiries to the Metro Office.

Sick Child

In the event a child becomes ill while in the YMCA child care program, he/she will be allowed to rest in a separate area. The parent(s)/guardian(s) identified on the registration form will be called to pick the participant. Child should be offered a rest mat to lie down if they so desire. Staff must constantly oversee the sick participant to watch for progression in illness.

The participant should not return to the program until fully recovered or no longer contagious. In some cases, a clearance letter from a physician may be requested to have the participant re-enter the program.

Severe Behavior Problem

All child care staff use positive reinforcement and rewards, but at times they may encounter a behavior problem. A participant with consistent behavioral problems who is not responding to the efforts of his/her group leader will be sent to the Site Coordinator. The Coordinator will notify the participant's parent(s)/guardian(s) with a Behavior Report. In cases of extreme behavior, parent(s)/guardian(s) may be contacted by telephone. If problems persist, a parent/guardian conference will be scheduled. If the situation does not improve, the participant may be suspended and/or expelled from the program. In extreme situations, where a child's behavior is deemed dangerous to the safety of the staff or other participants, the YMCA reserves the right to forego our standard discipline policy and move forward with immediate expulsion of that child from the child care program.

Encountering Severe Behavior Problems

- Each situation must be dealt with on an individual basis.
- Group Leaders' first priority is to keep all children in the group safe at all times during an incident of severe behavior.
- Group Leader must radio the Site Coordinator for assistance if he/she is unable to deescalate the situation effectively.
- Remove the other children from the area if there is an immediate threat that they can be harmed.
- Two (2) or more staff will remain with the participant at all times until participant can be safely re-integrated into their group.
- All attempts should be continually made to de-escalate the participant without use of physical force.
- Site Coordinator will contact the YMCA Branch Area Coordinator for further instruction.
- Site Coordinator will contact parent by phone to arrange pick-up.
- A Behavior Report and a #4 form (if an Accident/Incident Report was completed) will be prepared for the parent.
- When the parent arrives, the Site Coordinator will review the Disciplinary Action taken and arrange a time for a Parent Conference prior to the participant's return to the program (if applicable). Parent must sign the Behavior Report and #4 Form before leaving the site.
- Area Coordinator will communicate with BASCC and Principal of any Accident/Incident. Proper documentation will follow.
- If the child is allowed to return to the program, the Parent Conference will determine further behavior plan or disciplinary action to be followed by the YMCA, with a clear understanding of further disciplinary action that will be taken if no improvement is observed in the participant's behavior.

YMCA of Broward County
Site: Pine Island Community Center

EMERGENCY CODES

CODE YELLOW	Full Lockdown
CODE BLUE	Evacuation
CODE BLACK	Bomb Threat
ALL CALL	Missing Child

EMERGENCY NUMBERS

Fire	911
Police	911
Ambulance	911
Non-Emergency Local Police	911
BSO	954-765-4321
Poison Control	1-800-282-3171
Child Abuse Hotline	1-800-96-ABUSE
Public Health	(954) 467-4800
YMCA Branch	(954) 424-9622
YMCA Metro Office	(954) 334-9622
Charinus Johnson	(954) 655-9635
Kerry-Ann Royes	(954) 709-8027
Cobi Dunn	(954) 547-6622

Attachment D

Accident/Incident Report

ACCIDENT / INCIDENT REPORT

UPDATE 07/25/03

WHITE - Association Office Copy

YELLOW - Branch Copy

PINK - Participant File



Date of Incident _____ Branch _____ Program/Department _____
Site _____ Site Address _____

PARTICIPANT INFORMATION:

Name of Person Involved _____
Address _____ City _____ State _____ Zip Code _____
Home Phone Number _____ Social Security Number _____ Age _____ Birthdate _____
Gender: M ☐ F ☐ Member Y ☐ N ☐ If participant was under 18, was parent(s)/guardian(s) notified? Y ☐ N ☐
How were they contacted: in person ☐ by telephone ☐ at what time? _____ AM ☐ PM ☐
Name of staff member who documented and contacted parent(s)/guardian(s) if participant was under 18? _____

ACCIDENT/INCIDENT INFORMATION:

Reported By: _____ Position _____ Home Telephone Number _____
Location Took Place _____
Describe exactly what happened, why it happened, how it happened and what causes were. If any injury, state specific part of the body injured or state property or equipment involved.

Was First Aid Administered? Y ☐ N ☐ By Whom? _____
Nature of First Aid: _____
Was Person Taken to Hospital? Y ☐ N ☐ By Whom? _____
Which Hospital? _____ City _____

24 HOUR FOLLOW-UP

Staff Name _____ Followed Up With _____ Relation to Person Involved _____
Comments _____

WITNESSES:

Witnesses Name _____ Home Telephone Number _____
Address _____ City _____ State _____ Zip Code _____
Witnesses Name _____ Home Telephone Number _____
Address _____ City _____ State _____ Zip Code _____

SIGNATURES:

Staff Member Completing Report _____ Date _____
Program/Department Supervisor's Signature _____ Date _____
Branch Executive Director's Signature _____ Date _____
Date Report FAXED to Association Office _____ Date ORIGINAL forwarded to Association Office _____

THIS REPORT IS AN INTERNAL YMCA OF BROWARD COUNTY DOCUMENT INTENDED TO ACCURATELY DOCUMENT FACTS SURROUNDING ACCIDENTS/INCIDENTS. THIS REPORT MUST BE CALLED IN TO THE YMCA PROGRAM DIRECTOR IMMEDIATELY AND SUBMITTED VIA FAX WITHIN 24 HOURS TO THE ASSOCIATION OFFICE. WHITE COPY MUST BE FORWARDED TO THE ASSOCIATION OFFICE IN THE NEXT SCHEDULED DROP-OFF. COMPLETE AN ABUSE ALLEGATION FORM TO DOCUMENT INFORMATION PROPERLY IF REQUIRED. USE ADDITIONAL BLANK PAGES AS NECESSARY TO SUPPLEMENT OR CLARIFY ANY PORTION OF THIS REPORT.

Attachment E

Special Event Authorizations (*Field Trips*)

PARTICIPANT AUTHORIZATION

UPDATE 08/11/02

WHITE - Participant's File

YELLOW - Branch File

We build strong kids,
strong families, strong communities.

Branch _____ Program Site _____

Participant's Name _____ Age _____ Grade _____

_____ The above named participant HAS my consent to take part in the trip or event listed below.

_____ The above named participant DOES NOT have my consent to take part in the trips or events listed below.

FIELD TRIP

PLACE _____ DATE _____

Time of departure _____ Time of return _____

TRANSPORTATION: _____ Bus _____ Van _____ Walking _____ Car _____

Cost (if applicable) _____ Special items needed _____

SPECIAL EVENT

ACTIVITY _____ DATE(S) _____

Cost (if applicable) _____ Special items needed _____

WALK HOME

Participant's Name _____ Age _____ Grade _____

Parent's Name _____

Phone: Home _____ Work _____ Beeper _____ Cellular _____

☐ I, _____ hereby give my permission for my above named participant to walk home from the YMCA at the time and days indicated below.☐ I, _____ hereby give my permission for my above named participant to be released from the YMCA to attend the special activity on the time and days listed below.☐ I, _____ hereby give my permission for my above named participant to be released from the care of the following named under-aged child whom I have given responsibility to allowing him/her to pick-up my participant from the YMCA at the time and days listed below.**SPECIAL ACTIVITY***Please indicate the Special Activity and the location below:*

Special Activity _____ Location _____

Please check days and indicate time that your participant will be released:☐ Monday _____ Time _____ ☐ Tuesday _____ Time _____ ☐ Wednesday _____ Time _____ ☐ Thursday _____ Time _____ ☐ Friday _____ Time _____

I fully understand that the YMCA organization and staff are released from all liability associated with the release of my participant for the above reasons. I also understand that the YMCA staff have the authority to deny the release of my participant should there be concerns regarding the safety of my participant. These include, but are not be limited to inclement weather, darkness or other conditions that could put my participant at risk. I realize that should this occur, it is my responsibility to make the necessary arrangements to pick up my participant from the program by 6:00 PM or I will be subject to the late fees charged for late pick-ups.

I understand the arrangements listed above and believe the necessary precautions and plans for the care and supervision of my child during the trip or special event will be taken. Beyond this, I will not hold the YMCA of Broward County, FL or those supervising the trip or event responsible.

Staff Signature: _____ Date _____ / _____ / _____

Parent/Guardian Signature: _____ Date _____ / _____ / _____

Attachment F

Registration Form (*Emergency Release*)

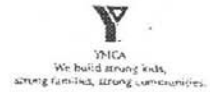
PROGRAM REGISTRATION

UPDATE 2/05

WHITE - Branch File

YELLOW - Site File

PINK - Participant Copy



Participant's Name _____ Program/Site _____ Branch _____
Gender _____ Social Security Number _____ Age _____ Birthdate _____ E-mail Address to Receive YMCA Information/Updates _____
Address _____ City _____ State _____ Zip Code _____ Home Phone Number _____
Employer (if Participant is over 18) _____ Job Title _____ Work Phone Number _____

In the event of illness or accident who may should we notify? Complete detailed next section below if participant is under 18 or an adult with developmental disability.

#1 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____

Please state below any medical or behavioral condition the participant named above has or had, that should be considered. Include any medication which needs to be administered while attending the program. (Allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc.) Furthermore, are there any special needs and/or accommodations necessary that our YMCA staff needs to be aware of in order to provide the best possible care?

Medical Insurance Provider _____ Policy Number _____ Primary Physician's Name _____ Phone Number _____

PLEASE COMPLETE BELOW IF PARTICIPANT IS UNDER 18 OR AN ADULT WITH DEVELOPMENTAL DISABILITY

Participant's School/Center _____ Grade _____ Emergency Code _____
Parent/Guardian (#1) _____ Relation to Participant _____ Home Phone Number _____ Alternate Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Employer _____ Job Title _____ Work Phone Number _____
Parent/Guardian (#2) _____ Relation to Participant _____ Home Phone Number _____ Alternate Phone Number _____
Address _____ City _____ State _____ Zip Code _____
Employer _____ Job Title _____ Work Phone Number _____

Other than Parent(s)/Guardian(s) listed above, who may pick-up the participant or be notified in case of illness or accident? Mother ☐ YES ☐ NO Father ☐ YES ☐ NO

#1 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____
#2 Person's Name _____ Home Phone Number _____ Alternate Phone Number _____

I hereby give permission to the physician selected by the YMCA of Broward County, Florida, Inc. (YMCA) to order x-rays, routine tests and treatment for the health of the participant named above and in the event I cannot be reached in an emergency, I give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I understand that the YMCA has only secondary insurance coverage and that my personal insurance bears primary responsibility in case of accident.

The undersigned expressly recognizes that the YMCA is a nonprofit organization sponsoring these activities. Further, the undersigned does hereby expressly acknowledge that the activities involve risks, and the undersigned does hereby voluntarily assume any and all risks such as injury to my person and property which may occur from my participation in these activities, including such injuries caused by the negligence of the YMCA and its servants, agents and employees. Further, in consideration of the lower cost involved in participating in YMCA sponsored non-profit activities, I hereby voluntarily release the YMCA and its servants, agents and employees from any and all claims and causes of action whatsoever which I, my heirs, assigns or successors may have against any of them by reason of my participation in these activities, including such claims against the YMCA and its servants, agents, and employees caused by their own negligence.

- I release the YMCA its officers and representatives of all liabilities arising from this program. I agree to pay all fees prior to participation in the program.
- I give permission for the participant named above to participate in activities and field trips. ☐ YES ☐ NO
- I give permission for the YMCA to use any photographs or video taken of my child for future promotion purposes. ☐ YES ☐ NO

Signature of Person Completing Form _____ Print Name _____ Date _____

YMCA STAFF USE ONLY

PROGRAM FEE = Re-Registration Required for New Program: ! REGISTRATION FEE = One Time Fee for Program Registration for Multi-Session Program (Child Care, Camp, etc)

Program Fee/Registration Fee \$ _____ Amount Paid \$ _____ Payment Type {CASH} {CHECK & CK#} {CREDIT CARD & CC#} _____

YMCA Staff Signature _____ Position _____ Date _____

Attachment G

Job Descriptions

YMCA OF BROWARD COUNTY, FL, INC.
JOB DESCRIPTION

DEPARTMENT: Child Care / Day Camp
POSITION: Site Coordinator
SUPERVISOR: Program Director
JOB POINTS: 305
POSTED DATE: 03/01/00

GENERAL FUNCTION:

Under the direction of the Program Director, the Site Coordinator is responsible for overall day-to-day operations, management and supervision of staff and children of a licensed child care/day camp facility as assigned by the Program Director.

QUALIFICATIONS:

possess a high school diploma or GED and one of the following educational requirements:

- 1-Post secondary level vocational certificate in child care through the State of Florida - level vocational certificate in child care through State of Florida - Department of Education.
- 2-Child Development Associate (CDA)
- 3-Montessori teaching credential accredited by the Montessori Accreditation Council for Teacher Education.
- 4-Minimum of sixty (60) semester hours from an accredited college/university in appropriate areas; as documented by transcripts and/or degree with a minimum of six (6) semester hours or equivalent in appropriate area.
- 5-Associates Degree or higher from accredited college/university in appropriate area; as documented by transcripts and/or degree.

One (1) to Three (3) years work experience in a licensed child care/day camp facility which includes direct contact with children.

Ability to relate to people; understand and practice YMCA Character Development values of Caring, Honesty, Respect and Responsibility.

The Site Coordinator of a licensed child care facility must be at least twenty-one (21) years-old at the time of hire.

Upon hire the Site Coordinator will have completed or enrolled in the following:

- 1-The Thirty (30) Hour Training Requirement consisting of (a) Child Growth and Development, (b) Health, Safety and Nutrition, (c) Child Abuse and Neglect, Rules and Regulations and (d) Observation and Assessment.
- 2-The Ten (10) Hour Developmentally Appropriate Module.
- 3-First Aid and CPR.

It is the responsibility of the Site Coordinator to maintain all necessary certifications set forth by either the licensing agency, State of Florida or the YMCA of Broward County.

FISCAL MANAGEMENT:

Collect program fees and keeping current, issuing receipts, maintaining attendance sheets, payment records and dropping-off collections to branch weekly.

Monitor staff time sheets and keeping in line with allocated hours and submitting promptly to the YMCA office on the appropriate dates.

VOLUNTEER/STAFF DEVELOPMENT:

Assign staff to specific tasks and responsibilities, duties and functions to fulfill program objectives.

YMCA OF BROWARD COUNTY, FL, INC.
JOB DESCRIPTION

DEPARTMENT: Child Care / Day Camp
POSITION: Site Coordinator
SUPERVISOR: Program Director
JOB POINTS: 305
POST DATE: 03/01/00

Supervise staff by providing direction, evaluating performance and growth and facilitate regular meetings to enhance facility programming.

FINANCIAL DEVELOPMENT:

This position requires no financial development duties.

PROGRAM/PLANNING MANAGEMENT:

The Site Coordinator shall have overall responsibility for the day-to-day operations of the licensed child care facility. The Site Coordinator shall assign the Assistant Site Coordinator or staff designate to be responsible for overseeing the operation of the licensed child care facility at times when the Site Coordinator is unavailable.

Plan, supervise and implement an age-appropriate program in accordance with the licensing agency, State of Florida and the YMCA of Broward County mission and YMCA Child Care Personnel Policies.

Ensure compliance with regulatory and statutory requirements; including staffing appropriately and monitoring day-to-day operations, activities, curriculum planning, programming and implementation.

Document all necessary administrative procedures; including but not limited to Fire Drill Logs, Telephone Numbers, Passwords, Insurance, Calendar/Curriculums, Snack Menu and other items as necessary. Submit documents timely and neatly as requested by the Program Director.

FACILITY MANAGEMENT:

Follow proper emergency procedures appropriate to the site and in conformity with procedures adopted by the YMCA of Broward County and emergency service authorities to ensure the safety of children and staff.

Preserve the quality of supplies, equipment and materials and ordering following procedures established.

Provide regular inspections of areas used by the program to ensure both cleanliness and safety.

COMMUNICATIONS/MARKETING:

Maintain close coordination with school personnel for safety and benefit of children in the program.

PROGRAM/MEMBER SATISFACTION:

Maintain effective communication with parents, children, staff, facility (school) personnel and YMCA branch personnel.

METROPOLITAN RESPONSIBILITIES:

Maintain and update staff files and children files to meet requirements in accordance with the licensing agency, State of Florida, and the YMCA of Broward County.

Attendance at all staff meetings and training opportunities.

Assist the Program Director in any other appropriate ways as directed.

Incumbent's Signature

Date Signed

YMCA OF BROWARD COUNTY, FL, INC.
JOB DESCRIPTION

DEPARTMENT: Child Care / Day Camp
POSITION: Group Leader I
SUPERVISOR: Site Coordinator
JOB POINTS: 84
UPDATE: 03/01/00

GENERAL FUNCTION:

Under the direction of the Site Coordinator, the Group Leader I is responsible for overall day-to-day group programming, discipline, direct supervision and management of an assigned group of children in a licensed child care/day camp facility as assigned by the Program Director.

QUALIFICATIONS:

A high school diploma or GED.

Six (6) months to One (1) year experience in a licensed child care/day camp facility setting which includes direct contact with children.

Ability to relate to people; understand and practice YMCA Character Development values of Caring, Honesty, Respect and Responsibility.

The Group Leader I of a licensed child care facility must be at least eighteen (18) years-old at the time of hire.

Within ninety (90) days of hire the Group Leader I will have completed or enrolled in the following:

1-The Thirty (30) Hour Training Requirement consisting of (a) Child Growth and Development, (b) Health, Safety and Nutrition, (c) Child Abuse and Neglect, Rules and Regulations and (d) Observation and Assessment.

2-The Ten (10) Hour Developmentally Appropriate Module.

3-First Aid and CPR.

It is the responsibility of the Group Leader I to maintain all necessary certifications set forth by either the licensing agency, State of Florida and/or the YMCA of Broward County.

FISCAL MANAGEMENT:

This position requires no fiscal management duties.

VOLUNTEER/STAFF DEVELOPMENT:

This position requires no volunteer/staff development duties.

FINANCIAL DEVELOPMENT:

This position requires no financial development duties.

PROGRAM/PLANNING MANAGEMENT:

The Group Leader I shall have overall responsibility for the day-to-day group programming, discipline, direct supervision and management of an assigned group of children in a licensed child care facility.

Plan, supervise and implement activities for assigned group of children in accordance to both age and developmentally appropriate practices as outlined by licensing agency, State of Florida and the YMCA of Broward County mission and YMCA Child Care Personnel Policies by submitting monthly curriculums to Site Coordinator timely and neatly.

Distribute nutritional snacks on a daily basis using universal health/sanitation practices.

YMCA OF BROWARD COUNTY, FL, INC.
JOB DESCRIPTION

DEPARTMENT: Child Care / Day Camp
POSITION: Group Leader I
SUPERVISOR: Site Coordinator
JOB POINTS: 84
UPDATE: 03/01/00

FACILITY MANAGEMENT:

Follow proper emergency procedures appropriate to the facility and in conformity with procedures adopted by the YMCA of Broward County and emergency service authorities to ensure the safety of children.

Preserve the quality of supplies, equipment and materials and ordering following procedures established.

Provide regular inspections of areas used by the program to ensure both cleanliness and safety.

COMMUNICATIONS/MARKETING:

Maintain close coordination with facility personnel for safety and benefit of children in the program.

Conduct a health check of each child daily, noting fever, bumps, bruises, burns, or other questionable signs of abuse and document the incident with the Site Coordinator.

PROGRAM/MEMBER SATISFACTION:

Maintain effective communication with parents, children, staff, facility, personnel and YMCA branch personnel.

METROPOLITAN RESPONSIBILITIES:

Document all necessary administrative forms as directed by Site Coordinator and/or Program Director.

Attendance at all staff meetings and training opportunities.

Assist the Site Coordinator in any other appropriate ways as directed.

Incumbent's Signature

____/____/____
Date Signed

Attachment H

Town of Davie Vendor/Bidder Disclosure

NOT APPLICABLE

**Town of Davie
Vendor/Bidder Disclosure**

I, Michael Jezek, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: YMCA of Broward County, FL Inc.

Address: 1830 West Broward Boulevard
Fort Lauderdale, FL 33312

FEIN 59-0624463

State and date of incorporation FLORIDA 04/18/1944

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>N/A</u>		<u> </u> %
<u> </u>		<u> </u> %
<u> </u>		<u> </u> %
<u> </u>		<u> </u> %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
<u>N/A</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

By: [Signature]
Signature of Affiant
Michael Jezek
Print Name

Date: 02.17.06

SUBSCRIBED AND SWORN TO or affirmed before me this 17 day of
January 2006, by MICHAEL JEZEK he she is
personally known to me or has presented _____ as
identification.

[Signature]
Notary Public, State of Florida at Large

Print or Stamp of Notary

Serial Number

My Commission Expires : _____



Sonia Esposito
MY COMMISSION # DD096521 EXPIRES
March 31, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

Attachment I

IRS W-9 Form

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name Young Men's Christian Association of Broward County, Florida Incorporated	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) 1830 West Broward Boulevard	Requester's name and address (optional)
City, state, and ZIP code Fort Lauderdale, FL 33312	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
5	9	0	6	2	4	4	6	3

Part II Certification

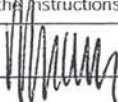
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person ▶



Date ▶ **02-17-06**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Attachment J

Town of Davie Lobbyist's Registration Statement and Oath

NOT APPLICABLE

TOWN OF DAVIE LOBBYIST'S REGISTRATION
STATEMENT AND OATH

Registration will be annual, from October 1st to September 30th, and shall be renewed for each year during which lobbying activities are to take place. Only one annual registration form is required. If, however, any of the information required on the registration form is new or changed (for example, a new principal, as defined by Section 2-57 of Ordinance 98-44, or a new specific subject of lobbying), the Lobbyist must then supplement or amend the registration before additional lobbying. (Ordinance 98-44, Section 2-58(d))

LOBBYIST INFORMATION (Ordinance 98-44, Section 2-58(a)(1))

Name N/A

Address _____
(must be a physical address (e.g. not a Post Office Box) where the lobbyist resides or customarily does business)

City _____ State _____ Zip _____

Telephone _____

Explain the nature and extent of any business, professional or familial relationship which the lobbyist, or any member of the lobbyist's immediate family, has had with any Town official, or member of the immediate family of any Town official within the period of time commencing twenty-four (24) months prior to registration or January 4, 1999, whichever is later, and extending through the date of registration. (Ordinance 98-44, Section 2-58(a)(2)).

N/A

Explain the nature and extent of any involvement, activity or assistance, whether paid or voluntary, by any lobbyist, or any member of the lobbyist's immediate family, with the current or the most recent campaign of any current elected Town official, or current candidate for Town Council. (Ordinance 98-44, Section 2-58(a)(3))

N/A

LOBBYIST'S PRINCIPAL(S) INFORMATION (Ordinance 98-44, Section 2-58(a)(4))

Name N/A

Address _____
(must be a physical address (e.g. not a Post Office Box) where the principal resides or customarily does business)

City _____ State _____ Zip _____

Telephone _____

Explain the general and specific matters upon which the lobbyist intends to lobby, if known at the time of registration. If not known at time of filing, the registration must be supplemented when the matter is determined. (Ordinance 98-44, Section 2-58(a)(5))

N/A

I hereby acknowledge that I have received a copy of Ordinance 98-44, concerning registration of lobbyists and acknowledge that any violation of this Ordinance shall result in penalties as stated in said Ordinance.

I hereby attest and affirm under penalty of perjury, that the facts contained herein are true and correct. Further, I understand that I am required to notify the Town Clerk, in writing, of any changes to the information contained herein and that I am required to complete a lobbyist statement for each new principal or subject matter which occurs throughout the year.

Signature of Lobbyist

STATE OF FLORIDA)
) SS:
COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, 19____ by
_____ who is personally known to me or who has produced
_____ as identification.

My Commission expires:

Signature of Notary

Name of Notary (typed or printed)

Attachment K

Drug Free Workplace Policy



DRUG FREE WORKPLACE

UPDATE 07/03

WHITE - Association Office File

YELLOW - Employer's Copy



POLICY: To ensure a healthy and safe environment free from substance abuse within the programs, activities and premises of the YMCA of Broward County in accord with the mission statement of the YMCA promoting well being in spirit, mind and body.

A. Responsibility

1. Each individual associated with the YMCA of Broward County will assume personal responsibility for his or her own actions. Substance abuse is in direct conflict of interest with the mission of the YMCA which avows the well being of each individual in spirit, mind and body. Anyone with knowledge of illegal possession, use or distribution of drugs within YMCA programs, activities and or premises is to report the facts of case to his or her supervisor, respecting the confidentiality of that communication.
2. Supervisors with knowledge of anyone with illegal possession, use or distribution of drugs within the programs, activities, and/or premises of the YMCA of Broward County are to report information or observations to the Chief Executive Officer.
3. Final decision as to the action taken, based upon the facts of each individual case, rests with the Chief Executive Officer of the YMCA of Broward County. Terminations from employment may be appealed through the employee appeal procedure.

B. Procedure

1. The illegal possession, use or distribution of illegal drugs within the programs, activities and premises of the YMCA of Broward County will not be tolerated. Illegal actions will be reported to the police.
2. Employees suspected of involvement in substance abuse will be placed upon suspension without pay until official determination of involvement has been completed. A positive determination will result in immediate termination of employment with forfeiture of all benefits. A negative determination will result in reinstatement at the same or equal position. If an employee is indicted and awaiting trial for illegal activities, he or she will be placed on leave without pay until legal determination is completed.
3. Employees convicted of any type of drug crime which occurred at work are to notify the Chief Executive Officer of the YMCA of Broward County within five (5) days of the conviction.
4. Random testing for substance abuse among employees will be conducted periodically upon the discretion of the Branch Executive Director with the approval of the Chief Executive Officer.
5. Employees testing positively for substance abuse will receive a verification test. If both tests prove positive, the employee will be terminated from employment with the YMCA of Broward County for cause effective immediately.
6. Pre-employment testing for substance abuse will be done for all applicants in all positions.
7. Any employee may be requested to be tested for substance abuse based upon the observation or knowledge of erratic behavior or job performance, a safety violation, an inability to concentrate or understand instructions and any type of performance on the job which could be considered detrimental to self and others.
8. The YMCA of Broward County will protect the confidentiality of substance abuse test results. The YMCA of Broward County will not discriminate in any manner in the selection and determination of candidates for random testing.
9. Employees requested to test for substance abuse will be required to report immediately as scheduled as a condition of employment with the YMCA of Broward County. The expense of the substance abuse tests and any verification tests will be paid by the YMCA of Broward County.
10. Employees testing positive for substance abuse will be informed of substance abuse counseling services and encouraged to undergo counseling and treatment.
11. Request for reemployment following drug rehabilitation will be considered on an individual basis with recommendation from the Branch Executive Director and approval from the Chief Executive Officer.

My signature below acknowledges that I have been informed of the YMCA of Broward County's Substance Abuse Testing Policy. I have received a copy of the Substance Abuse Policy memorandum and I have been offered an opportunity to review the YMCA of Broward County's Substance Abuse Policy and Procedures. Furthermore, I understand that employee testing is a condition of continued employment, and I agree to comply with the rules and regulations as described in the Policy, and that failure to do so may lead to disciplinary action being taken against me which may include termination.

Applicant / Employee Signature

Date

Print Name